LAKE MILLS AREA SCHOOL DISTRICT PERMISSION FORM –EXTENDED FIELD TRIP/FOREIGN TRAVEL AND MEDICAL

I/we agree to and hereby authorize the LMHS Music Department and Mr. Brad Klotz and agents of the Lake Mills Area School District to act for us in any emergency, accident or illness in the event that my/our son/daughter requires medical attention if deemed necessary.

To comply with state law, any student requiring medication or treatment to be administered by staff during the field trip must have a medication consent form on file in the school. The attached medications forms entitled Lake Mills School District Authorization for Administration of Prescription and Non-Prescription Medication constitute such consent and Emergency Health Care Plan for Known Severe Allergic Reaction.

In the event my/our son/daughter is unable to continue participating in the program or trip due to illness or injury, I/we authorize the above individuals to obtain medical treatment and/or release my/our daughter/son to my/our personal care and make whatever arrangements are appropriate under the circumstances. I/we further authorize patient health care records for my son/daughter to be released to the above individuals to the degree necessary to provide medical treatment or services to my son/daughter.

I/we are responsible for any debts incurred in conjunction with any illness or injury or accident and I/we agree to be responsible for such debts as well as any costs incurred for the early or late return or my/our son/daughter.

I/we agree to be responsible for and to pay any/all bills for medical, optical, dental or related services whether or not such services are covered by insurance. If such bills are paid by another person due to the emergency or otherwise, I/we agree to repay such amounts promptly to the party who made the payment on our behalf, but under no circumstances shall such repayment occur more than 30 calendar days after the cost is incurred by the paying party or individual person. I/we recognize that it is our responsibility to have adequate medical and hospital insurance coverage that will cover my son/daughter at all jurisdictions during his/her travel.

I/we affirm that the information stated below is correct and fully discloses all medical/dental issues that could impact/affect our student's medical/dental emergency care. I am providing the following information for the safety of my child:

In the event of an emergency, please contact either me or the emergency contact listed below:

_____

Please be aware of these health concerns that may require assistance during my student's travel:

_____

_____

_____

_____

_____

(A medical alert bracelet is strongly advised if your child has a condition that could be life threatening without prompt treatment. Please fill out any supplemental medical needs/medication requirements in the space above.)

I, also, authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to reach me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office.

Parent/Guardian Signature_____ **Date**_____

Name of Student_____

Name of Parent/Guardians_____

Phone: **Phone:**

Street Address: **Street Address:**

City, State, Zip: **City, State, Zip:**

ATTACH COPY OF INSURANCE CARDS; BOTH SIDES
Attach a medication consent form for any medication or treatment used by my child

Medical Insurance Company: **Policy/Group #**

Dental Insurance Company: **Policy/Group #**

Student's Physician's name: **Phone number:**

PERMISSION AND WAIVER OF CLAIMS

I/we have read and completed the information accurately on pages 1 & 2 of this document. I/we fully agree to all terms and conditions and information.

EXTENDED/FOREIGN TRAVEL TRIP RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS. PARENTS/GUARDIAN SHOULD SIGN IN LIEU OF A MINOR AND SIGN ON HIS/HER BEHALF.

Of my own free will, I agree to attend the Extended/Foreign Travel trip to on the following date (s) MARCH 23, 2017 **to** MARCH 29, 2017 ORLANDO, FLORIDA **(insert location) under the terms contained hereinafter.**

I understand that Extened/Foreign Travel involves risks, dangers, and hazards that may cause serious personal injury or death and that, injuries may occur.

In consideration of the permission to participate in this field trip to ORLANDO, FLORIDA **, I HEREBY RELEASE, FULLY DISCHARGE, FOREVER DISCHARGE AND RELEASE THE DISTRICT, ITS OFFICERS, INSURERS, ATTORNEYS, AGENTS, BOARD MEMBERS, EMPLOYEES, REPRESENTATIVES, OR OTHER PERSONS ACTING FOR OR ON BEHALF OF THE DISTRICT, FROM ANY AND ALL CLAIMS, COMPENSATIONS, COSTS, EXPENSES, ATTORNEYS' FEES, CAUSES OF ACTION, DAMAGES (INCLUDING BUT NOT LIMITED TO PUNITIVE DAMAGES), DEMANDS, OR CAUSES OF ACTION, KNOWN OR UNKNOWN, ARISING OUT OF, RESULTING FROM, OR IN CONJUNCTION WITH OR RELATING TO MY SON/DAUGHTER PARTICIPATING IN THIS ACTIVITY, BUT NOT INCLUDING INJURIES THAT RESULT FROM THE NEGLIGENCE OF SCHOOL STAFF. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FIELD TRIP PERMISSION FORM WHICH CONTAINS A WAIVER OF RIGHT TO SUE THE DISTRICT AND UNDERSTAND ITS CONTENTS AND CONSEQUENCES AND THAT I AM SIGNING THIS AGREEMENT KNOWINGLY AND ACKNOWLEDGE THAT I HAVE NOT RELIED ON ANY REPRESENTATIONS, PROMISES, OR AGREEMENT OF ANY KIND IN CONNECTION WITH MY DECISION TO SIGN THIS DOCUMENT. THIS WAIVER DOES NOT WAIVE ANY CLAIMS THAT CANNOT BY LAW BE RELEASED OR WAIVED.**

I ALSO FURTHER RELEASE FROM ANY LIABILITY RESULTING FROM ANY PERSONAL INJURY TO MYSELF, INCLUDING DEATH, OR DAMAGE TO MY PROPERTY WHICH IS CAUSED BY THE BREACH OF ANY EXPRESS OR IMPLIED WARRANTY OR THE NEGLIGENT ACT OR OMISSION OF ANY LMHS MUSIC FLORIDA TOUR **(INSERT EXTENDED/FOREIGN TRAVEL NAME HERE) RELEASEE, INCLUDING ANY NEGLIGENT ACT OR OMISSION IN: injury, serious personal injury or death**

I accept full responsibility for any personal injury or damage which may result from my participation in the LMHS MUSIC FLORIDA TOUR **Extended/ Foreign Travel field trip, and I hereby HOLD HARMLESS the District for any personal injury or damage sustained by me,**

including death, while participating in this field trip. I agree not to bring any action or lawsuit against the District for any personal injury or damage.

In accordance with Wisconsin law, nothing in this Release of Liability should be construed as releasing, discharging or waiving any claims I may have for reckless or intentional acts on the part of the District.

This Waiver of Liability and Release of Claims does not release or indemnify the Lake Mills Area School District from any injury or harm I suffer as a result of intentional or reckless actions or omissions made by its officers, employees, members or volunteers that were made with malice and/or intent to cause me injury or harm while participating in activities on the Extended/Foreign Travel trip.

I have had the opportunity to consult with my personnel legal representative (attorney) to review the terms and conditions of this Waiver of Liability and Release of Claims, to seek his or her opinion as to the advisability of signing this Agreement, and to bargain with the Lake Mills Area School District over its terms.

I acknowledge I am aware of this option offered by the Lake Mills Area School District and hereby waive my right to bargain over its terms.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE DISTRICT, ITS OFFICERS, INSURERS, ATTORNEYS, AGENTS, BOARD MEMBERS, EMPLOYEES, REPRESENTATIVES, OR OTHER PERSONS ACTING FOR OR ON BEHALF OF THE DISTRICT.

CAUTION: READ BEFORE SIGNING!

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND WILL BAR YOUR RIGHT TO SUE!

Student's Name (Print): _____ Age: _____
Date of Birth (if under 18): _____
Address: _____ City: _____
State: _____ Zip Code: _____

Student's Signature: _____ Date: _____

PARENT AGREEMENT
As parent and/or legal guardian of the above-named minor competitor, I hereby give permission for my child or ward to participate in the LMHS MUSIC FLORIDA TOUR field trip at ORLANDO, FLORIDA (insert Extended/ Foreign Travel description). I have read and understand the above **RELEASE OF LIABILITY** and, on my behalf and on behalf of my child or ward, I agree to all terms contained therein. I represent I have full authority to sign on behalf of my child or ward, realizing this Release of Liability is binding upon my child or ward as well as myself. I, on behalf of myself and my child or ward, agree not to bring any action or lawsuit against the district, its officers, insurers, attorneys, agents, board members, employees, representatives, or other persons acting for or on behalf of the district.

Parent's or Legal Guardian's
Signature*:_____

Student Signature:_____

Date: _____
*Parent or Guardian signature must accompany minor signature.

ATTENTION: PARENTS: THIS FORM MUST BE COMPLETED AND RETURNED BY FEB. 2, 2017 (INSERT DATE) YOUR CHILD MAY BE UNABLE TO PARTICIPATE IN THE FIELDTRIP.

Parent/Guardian Name:

Parent/Guardian Name:

Phone numbers: **Phone numbers :**

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

State of Wisconsin
County of Jefferson

This document was signed before me by

_____ &

_____ on ___/____/2015

Notary Signature : _____

Notary Expiration Date : _____
Notary Seal