

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 181

I, _____, a participant in the tour to Nashville, Tennessee, to be held from February 14 to February 17, 2020, understand that the tour is sponsored by the Board of Education, Community Consolidated School District #181 ("the District"), that the necessary arrangements for the tour, including but not limited to, bus and air transportation and accommodations have been made by the District and that certain expenses will be paid by the District. In consideration of being accepted for the tour I agree that I (or my parents) will pay my share of the costs of the tour prior to departure. I further understand and agree that the District reserves the right to make cancellations, changes or substitutions because of emergencies or changed conditions or in the interest of the group and to alter, prior to tour departure, the costs of the tour in order to meet unexpected changes in transportation fares, lodging rates, etc., which are based on certain tariffs and are subject to change. In case of an increase in the tour costs I have the right to cancel my participation in the tour and will receive a refund of the money paid by me (or my parents) prior to cancellation, only to the extent that such money can be refunded without raising the costs of the tour to other participants.

I understand that this tour is a supervised program, and I promise to comply with the Regulations on Conduct as set forth by the District. I understand and agree that the District reserves the right to terminate my participation in the tour for any failure on my part to comply with the Regulations on Conduct or to maintain such standards or for any conduct which in the discretion of persons in charge of the tour, is deemed to be incompatible with an undisturbed continuation of the tour as a whole. I further understand and agree that, if my participation in the tour is terminated for any reason, I will be sent home at my own (or my parents') expense, and the money paid by me (or my parents) will be refunded only to the extent that such money can be refunded without raising the cost of the tour to other participants.

I do voluntarily on behalf of myself, my heirs and my estate, waive any and all claims against the District, the members of the Board of Education and any officer, employee, staff member, agent or chaperone accompanying the tour (and the heirs or estates of any of the foregoing) arising out of any accident, delay, irregularity, expense, injury, sickness, quarantine, or any loss, damage, of whatever kind and from whatever cause, in connection with the tour.

I grant the District, its officers, employees, staff members, agents or the chaperones, the authority to provide to me any medical care which becomes necessary during the tour, at my own (or my parents') expense, and to give such consent for medical treatment if this is deemed, in consultation with local medical authorities, to be necessary.

Signature of Participant

Date

Signature of Parent

Parent's address during tour

Signature of Witness

Parent's telephone number (s) during tour

POWER OF ATTORNEY

The undersigned certifies that he or she is the parent of _____, that the child is a student in Community Consolidated School District #181 in Du Page and Cook Counties, Illinois and will be traveling by bus to perform at in Nashville, Tennessee. Such trip is sponsored by the Board of Education, Community Consolidated School District #181 Hinsdale Middle School; that Gretchen Pearson Nerad, Mary Mandel, Ashley Sipka, George Androkokus, Meghan Fulton and members of the Middle School Faculty of Community Consolidated School District #181 whose address in 6010 S. Elm St., Burr Ridge, Illinois, are in charge of the student group during such tour; and that the tour will be held from February 14 thru February 17, 2020. In the event the parent cannot be immediately contacted the undersigned does hereby grant full power of authority to Mr. George Androkokus, Mrs. Ashley Sipka, Ms. Meghan Fulton, Mrs. Gretchen Pearson Nerad, Mrs. Mary Mandel and chaperones, in the event of an accident or illness to his or her child at any time from the commencement to the termination of such tour, to make all necessary decisions and arrangements for his or her child as to any medical care to be accorded said child, including without restricting the generality of the foregoing, the selection of physician or physicians, provision for hospitalization and the consent to any operation or any other kinds of medical treatment for said child as the undersigned parent of such child might do if personally present, and does hereby fully ratify all that said person to whom this power is granted may do in regard to the foregoing. It is understood that said person will continue attempting to contact parents.

Signature of Parent

Address

Date

City

DISTRICT 181 EMERGENCY MEDICAL RELEASE - Nashville, TN

Student's Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Phone (1) _____ Phone (2) _____

Parent/Guardian Name _____

Phone (1) _____ Phone (2) _____

Allergies _____

Other Medical Conditions _____

Medication Currently Prescribed (include dosage/frequency of prescription and over-the-counter medication) _____

Student's Physician _____ Phone _____

Medical/Hospital Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy Number _____

AUTHORIZATION FOR TREATMENT OF A MINOR

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency, I hereby give permission to secure proper treatment for my child as named on this form. If necessary, this includes selection of physicians and a medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child. I understand that any medical expenses are my financial responsibility. I agree to hold harmless and indemnify the School District, it's board members, administrators, employees and agents, from and against any and all claims, damages, causes of action or injuries resulting from such emergency medical treatment.

Parent/Guardian Signature

Date

Please return the completed form to school.

FORM C

INSURANCE INFORMATION FORM

Student's Name _____

INSURANCE INFORMATION:

Name of responsible party _____

Responsible party's employer _____

Insurance carrier _____

Group number _____

Please copy Insurance Card and Driver's License on the back of this form.