



**Newaygo County Regional Educational Service Agency**  
**CONSENT/ACKNOWLEDGMENT/RELEASE AND INDEMNITY FORM**  
For Extracurricular Activities and/or Special School-sponsored Events

This form must be completed in full for all Agency-sponsored field trips/excursions.

To be completed by school:

Program/Sponsor: \_\_\_\_\_

Description of Field Trip/Excursion: \_\_\_\_\_

Location: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ bus \_\_\_\_\_ school van \_\_\_\_\_ personally-owned vehicle

Transportation Provided by (individual name/position): \_\_\_\_\_

Anticipated Cost to the Student: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

To be completed by student/parent/guardian:

Participating Student Name (please print): \_\_\_\_\_

Parents/students, please affirm/verify the following statements by initialing each line:

*\*please skip to page 2 if student needs to be excused from this activity*

Parent  
Initials

Student  
Initials

\_\_\_\_\_

\_\_\_\_\_

INSURANCE – We assume responsibility for paying for any damages or injuries to persons or property we incur in connection with the extracurricular activity or school-sponsored event. We further understand that the Board of Education may not have insurance coverage that specifically applies to this trip. We represent that the student has insurance coverage in the event of an accident and/or injury to persons or property. (Please complete page 3 with insurance information.)

\_\_\_\_\_

\_\_\_\_\_

MEDICAL AUTHORIZATION – If emergency medical procedures or treatments are required during the event or trip, we authorize and consent to: (1) the trip supervisor(s) taking, obtaining, or consenting to the procedures or treatment in his/her discretion and (2) treatment of the student by physicians, medical personnel, and hospitals. We further authorize and approve the release of medical information and the sharing of medical information among any healthcare providers and the trip supervisors in connection with any necessary medical treatment for our child. We have completed the attached Medical Form. (Please complete page 3 with medical authorization information.)

\_\_\_\_\_

\_\_\_\_\_

CONDUCT EXPECTATION – We acknowledge that students are expected to follow the Newaygo County Regional Educational Service Agency Student Handbook and Student Code of Conduct during the trip/activity authorized by our signature on this Form. Students may also be expected to follow rules, policies or guidelines of other organizations or providers associated with the trip/activity authorized by this Form. Students are required to stay under adult supervision at all times.

\_\_\_\_\_

\_\_\_\_\_

LEGAL LIABILITY – As parents/legal guardians, we acknowledge our responsibility for legal liability imposed as a result of any personal actions taken by our student.

\_\_\_\_\_ ASSURING SAFETY – To assure student safety, health and welfare, and as a condition for participation in this activity, student and staff/adult chaperones will voluntarily submit to a search of backpacks, purses, luggage, belongings, etc. to assure there are no items that pose a threat to student safety. A search will be conducted at the onset of the activity and at any other time during the activity in which there is reasonable suspicion that student safety is in question.

\_\_\_\_\_ WAIVER, RELEASE & INDEMNITY – We agree to release the Newaygo County Regional Educational Service Agency, its Board of Education, its individual members, agents, employees, representatives and trip supervisors from any and all claims that we as parents/guardians or the student may have for any losses, damages or injuries arising out of the student's participation in this trip or in connection with the rendering of emergency medical procedures or treatment, if any. This release applies regardless of whether the damages and/or injuries are caused by the negligence of the District's Board of Education, individual members, agents, employees, representatives or trip supervisors. We understand that participation in this school-sponsored activity is a voluntary act and could possibly involve a risk of injury to persons and/or property, and we assume any such risk that may arise therefrom. We accept full responsibility for all medical expenses for any injuries that may occur to our child during his/her participation in the extracurricular activity and/or school-sponsored event. Finally, we agree to indemnify the District, Board of Education, its individual members, agents, employees, representatives and trip supervisors from any and all claims, liabilities, actions, causes of actions, and actual attorney's fees and litigation costs arising from or relating to our child's participation in the extracurricular activity and/or school-sponsored event.

\_\_\_\_\_ STUDENT CODE OF CONDUCT – I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. If my child violates the Student Conduct Code, I agree to pick my child up and remove him/her from this field trip. I understand we are responsible for our child's personal actions on the trip.

We confirm that by signing these forms we understand and acknowledge our agreement to these terms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
\*parent/guardian signatures not required if student is over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
\*parent/guardian signatures not required if student is over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/City

\_\_\_\_\_  
Telephone Number (where a Parent/Guardian may be reached during the trip)

**If student is to be excused:**

Reason: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
\*parent/guardian signatures not required if student is over the age of 18



**NC RESA STUDENT INSURANCE/MEDICAL INFORMATION/AUTHORIZATION**  
**This form must be in possession of the teacher/chaperone at all times while on the trip.**

Student's Name: \_\_\_\_\_

I recognize that while on an extended field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the then existing circumstances. I also agree to assume responsibility for the costs of such care. Therefore, I provide the following information:

Insured's Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Contract No. \_\_\_\_\_ Group Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone(s) \_\_\_\_\_ Home Phone(s) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

If unable to reach, call: Name \_\_\_\_\_ Phone \_\_\_\_\_

or Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Concerns \_\_\_\_\_

Does the student have:

ANY ITEMS MARKED "YES" SHOULD BE  
EXPLAINED BELOW

- |    |   |           |          |
|----|---|-----------|----------|
| 1. | Any allergies?                                |           |          |
|    | FOOD  | _____ YES | _____ NO |
|    | MEDICATION                                    | _____ YES | _____ NO |
|    | OTHER (Insects, etc.)                         | _____ YES | _____ NO |
| 2. | Any health problems or physical disabilities? | _____ YES | _____ NO |
| 3. | Any respiratory problems?                     | _____ YES | _____ NO |
| 4. | Any diabetes?                                 | _____ YES | _____ NO |
| 5. | Any epilepsy?                                 | _____ YES | _____ NO |
| 6. | Any chronic disease/                          | _____ YES | _____ NO |

7. Any emotional or psychological problems? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. Any medication being taken at present ? \_\_\_\_\_ YES \_\_\_\_\_ NO
9. Any Glasses? YES/NO      Contact Lenses YES/NO      Hearing Devices YES/NO

If any of the above questions are marked "YES," please explain. If taking medication, please give name, amount of dosage, and time medication is taken.

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10. Date of last tetanus booster: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

11. Does student have all required immunization shots? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\*parent/guardian signatures not required if student is over the age of 18

\_\_\_\_\_  
Date



## NC RESA STUDENT TRANSPORTATION AUTHORIZATION

If you would like to request that your son/daughter drive to an NC RESA event/activity; please indicate this by checking the appropriate box and then complete and sign the form below.

If you do not wish to have your son/daughter drive to the event/activity, please indicate this by checking the appropriate box and return the form.

Student Name: \_\_\_\_\_

Name of Event/Activity: \_\_\_\_\_

### PLEASE CHECK ONE CHOICE BELOW:

\_\_\_\_\_ I will provide transportation for my son/daughter to and from NC RESA facilities on the day of the event/activity.

\_\_\_\_\_ I am requesting that my son/daughter drive to the NC RESA facility in order to attend the activity/event. I verify that the vehicle my child will be driving is equipped with safety equipment (seatbelts), which are to be worn at all times, and is in safe driving condition. My child will not be allowed to transport other students to the event/activity. The NC RESA Board of Education shall be held harmless from any claims, suits, liabilities, causes or action or responsibility of any type for any accidents, injuries or death connected with this permission. The parent/guardian and student involved in any events/activities of this nature will assume total and complete responsibility for all liabilities connected to the permission for student self-transport.

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*parent/guardian signatures not required if student is over the age of 18

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_