

**Community High School District 99
Travel Agreement – 2017 Outback Bowl/Tampa Tour**

Community High School District 99 sponsors several educational tours that support and enrich students' classroom and/or extracurricular experiences. As a condition of participation in such tours, parents/guardians must complete the following travel agreement. The agreement includes consent to participate, an indemnification agreement and waiver of liability, a permission form for emergency medical services, and a provision explaining the change in itinerary policy. It also contains a section regarding appropriate student behavior during educational tours, which the student and each parent and/or legal guardian must sign.

Please review this carefully and return to the band mailbox on or before December 13, 2017

I. Consent to participate

We _____ the parents (or legal guardians) of _____, a minor who is a student in Community High School District 99, DuPage County, Illinois, (the "District") in consideration of the agreement by the Board of Education of the District to permit our child to participate in the educational tour to take place from December 28, 2016-January 3, 2017 at the Outback Bowl do hereby provide full consent for our child to participate in the educational tour.

II. Hold Harmless/Indemnification Agreement/Waiver of Liability

We agree to indemnify, protect and hold harmless the Board of Education, the District, its employees, and all private persons or organizations volunteering to supervise or chaperone students during the educational tour, from any claim, loss or liability whatsoever, including, but not limited to, personal injury, property damage, attorneys' fees, court costs and interest, arising out of our child's participation in the above described educational tour. In addition, we fully release and discharge the Board of Education, the District, its employees, and all private persons or organizations volunteering to supervise or chaperone students during the educational tour, from any and all claims from injuries, including death, damages, support, or losses which may arise out of our child's participation in the educational tour.

III. Permission for Emergency Medical Services

We grant the District, its employees and all private persons or organizations volunteering to supervise or chaperone students during the educational tour, full authority to take whatever action they feel is warranted under the circumstances regarding our child's health and safety. This grant of authority permits the District or its employees, at their discretion, to place our child, at our expense, in a hospital at any point for medical services and treatment, or to secure other medical treatment. The District or its employees are also authorized to send our child home at our expense for medical treatment if this is deemed by the District or its employees, in consultation with medical authorities, to be appropriate. We acknowledge full responsibility for any and all medical costs that might arise related to emergency medical services for our child.

IV. Change in Itinerary

We further agree that the District, including its officers, agents, and employees, reserves the right at any time prior to or during the educational tour to make cancellations, changes or substitutions in the itinerary, either because of emergencies or other changed conditions, including but not limited to travel warnings issued by the United States Department of State, acts of terrorism here or abroad, or other world circumstances which affect travel. We understand that if such cancellations, changes or substitutions result in fees and/or penalties, we are individually responsible for such fees and/or penalties. We further understand that the District, including its officers, agents, and employees, reserves the right to alter, prior to tour departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc., as the announced fee is based on current tariffs, rates and expenses which are subject to change or re-estimation.

V. Student Behavior Provision

We do further agree that the District or its employees may terminate the participation of our child in the educational tour for failure to act in accordance with the District's policies regarding student behavior, failure to follow the instructions and directions of the tour supervisor(s) and/or chaperones, or if our child's acts are detrimental to or incompatible with the interest, harmony, comfort or welfare of the tour as a whole. If the participation of our child is terminated, our child and we understand that we will only be entitled to a refund of the funds not actually used and our child will be sent home immediately at our expense.

Dated this _____ day of _____, 2016.

Parents or Legal Guardians

Parents or Legal Guardians

Student

THIS FORM MUST BE SIGNED BY THE STUDENT AND EACH PARENT OR LEGAL GUARDIAN OF THE STUDENT

**COMMUNITY HIGH SCHOOL DISTRICT 99
MEDICAL FORM**

NAME OF PARTICIPANT _____

ADDRESS _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER'S NAME _____ PHONE NUMBER _____

MOTHER'S NAME _____ PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

Relationship to Student _____

ALLERGIES _____

MEDICATION _____

Comments: _____

DIABETES _____

MEDICATION _____

EPILEPSY _____

MEDICATION _____

FOODS: Are there any foods he/she must have? _____

Are there any foods he/she must not have? _____

MEDICATION: Are there any medicines which he/she must take: If so, which medicine and for what reason? _____

SHOTS: When did he/she last have a tetanus shot? _____

BLOOD TYPE: _____

ANY OTHER INFORMATION, WHICH THE CHAPERONES SHOULD KNOW PERTAINING TO THE HEALTH OF YOUR CHILD? (Use reverse side if needed.)

Date

Signature of parent or guardian of the student

- **THIS FORM MUST BE SIGNED BY ONE PARENT OR LEGAL GUARDIAN**
- **A PHOTCOPY OF THE STUDENT and/or FAMILY INSURANCE CARD (front & back) MUST ACCOMPANY THIS FORM.**