



Lakeshore FIRST Robotics permission slip

/ FIELD TRIP PERMISSION SLIP / EMERGENCY FORM

Please complete this form that will accompany your child on our trip. This information is necessary should we need to contact you while we are on our trip. No Students will be allowed to participate without this form being completed and signed by the parent/guardian. The information on this form is considered confidential and will accompany the team mentor/ travel director on our trip

Permission is granted for:

(Name of Student) PLEASE PRINT

To take trips to Sussex Mini Regional in Sussex WI on **February 20, 2022**, Central Illinois Regional in Peoria, IL from **March 16 to March 19**, Wisconsin Regional in Lacrosse WI from **March 30 to April 2**, and World Championships in Houston, TX from **April 19- April 25**.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information request below, as it may be needed in case of an emergency.

Student's Date of Birth

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

Primary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Secondary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone/Pager #:

Student's Physician:

Phone #:

Student's Dentist:

Phone #:

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

*******STOP, MUST SIGN IN FRONT OF A NOTOARY*******

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY; INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT, AND THAT I SIGN IT VOLUNTARILY.

Parent/Guardian Signature:

Notary Signature:

County of:

Commission expires on:

Notary Seal:

ACKNOWLEDGMENT OF RISK: In exchange for the Student's participation in the field trip activity, the Student and Parent(s)/Legal Guardian(s) acknowledge and fully understand that there are inherent risks, including the acts or omissions of the Student or other Students, associated with the field trip activity and that all inherent risks cannot be described as part of this document.

STUDENT WAIVER OF RIGHTS AND RELEASE OF LIABILITY: Student and Parent(s)/Legal Guardian(s), hereby release, waive and discharge the School District, its employees and agents and volunteers from liability claims and demands of negligence on the part of the School District, its employees and agents and volunteers arising in connection with participation in the field trip activities, including but not limited to those risks described in paragraph #1 above, providing, however, that this waiver and release does not include injury, damage, or loss as a result of the intentional or reckless acts of the School District, its agents or employees or volunteers.

INDEMNIFICATION AND HOLD HARMLESS: Student and Parent(s)/Legal Guardian(s), further agree to indemnify and hold harmless the School District, its employees and agents and volunteers, against all losses, damages, monetary awards and expenses, including all costs and attorneys' fees, incurred in connection with any and all claims of negligence on the part of the School District, its employees and agents and volunteers, brought by the Student, Parent(s)/Legal Guardian(s), his or her heirs, successors, assigns, and legal representatives, for any injury, death, illness, disease, or damage to property, arising from or connected with participation in the field trip activity of the School District. The indemnification and hold harmless agreement does not include losses, damages, monetary awards and expenses as a result of the intentional or reckless acts of the School District, its employees and agents and volunteers.

MISCELLANEOUS. The parties agree that the provisions of this "Waiver and Release of Liability; Indemnification and Hold Harmless Agreement" ("Agreement") shall be deemed severable, and that the invalidity or unenforceability of any one or more of the provisions or clauses shall not affect the validity or enforceability of the other provisions or clauses except as specifically set forth herein. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the state of Wisconsin.

REVIEW OF AGREEMENT. You are encouraged to carefully review the contents of this "Waiver and Release of Liability; Indemnification and Hold Harmless Agreement" ("Agreement") and take time to review it.