

2011-2012
FIELD TRIP PERMISSION FORM

I grant permission for my child to participate in any field trip, which is part of the curricular or extra-curricular program during the 2011-2012 school year.

Student Name

Parent/Guardian Signature

Date

STUDENT INSURANCE

As the parent or legal guardian of _____, a student in the _____ grade enrolled in the Central Community Unit District No. 4 Schools, Iroquois County, Illinois, I am waiving the option of purchasing student supplementary accident insurance.

I understand that the School District does not insure students against accidental injury (or injury caused by other students) while the child is at school, traveling to or from school (except in the case of a bus accident), or while attending or participating in a school sponsored activity. Any medical cost which may result from injuries received (except those related to a bus accident) will be my responsibility to pay either directly or through my own insurance program.

I understand the School District is not attempting to avoid any of its obligations through the use of this waiver but rather is merely informing me of the extent of the school's obligations and the responsibility I as a parent or legal guardian have with respect to this subject.

This waiver is valid only for the school term in which it is executed. Students may not participate in any extra-curricular activity or field trip authorized by the school unless the child's parents have purchased supplemental student accident insurance or has filed this waiver with the school.

Parent/Guardian Signature

Date

PHOTOGRAPH/VIDEO PERMISSION FORM
2011-2012

I give permission to Central Unit School District #4 to submit my child's name and photograph/video to the newspaper/website to be published.

Student's Name (please print)

Grade

Parent's Signature

Date