School-Related Student Trip Permission Slip, Medical Release, and Transportation Waiver Forms

Student’s Name ______________________________ _______                 |
Last Name                         First Name                     Middle Initial
School ___________________________ Grade _______ Homeroom/Classroom __________

☐ All school-related trips for the ____________ school year; OR

☐ Field Trip Date(s) ____________________ Destination _______________________

Alternate Destination, if applicable __________________________________________

Mode of Transportation ___________________________ Cost to Student, if applicable $____

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child’s school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

________________________________________________________
Parent/Guardian’s Signature                           Date

Please return this form to your child’s teacher.
School-Related Student Trip Permission Slip, Medical Release, and Transportation Waiver Forms

TRANSPORTATION IN PRIVATELY OWNED MOTOR VEHICLES

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<tr>
<th>Sponsor:</th>
<th>Event:</th>
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<tbody>
<tr>
<td>Name of Student:</td>
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<td>School:</td>
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I. NOTICE

The District has undertaken to participate in, to sponsor, or to provide for the participation of students in the school function or event described above. It is the sole decision of the parent/guardian to transport their child and arrange transportation for their child.

An application to the Superintendent shall be made by the Principal of the above-named school for authorization to transport the above-named student to and/or from the event or function in a privately owned motor vehicle. Approval of such request requires WRITTEN consent. The undersigned parent/guardian making this request stated acknowledgment and understanding of the following:

1. Transportation to and from the event is available via District bus and/or District-approved common carriers.

2. If WRITTEN consent is not obtained, the student may not be transported to or from the function or event in a privately owned motor vehicle and still participate in the school function or event.

3. If the student is unable to attend an event because he/she was unable to use the transportation provided by the District bus and/or District-approved common carrier and consent for travel by private vehicle was not approved (for example: if scheduling conflicts do not permit the student to catch a District bus, but no private transportation is available) the students lack of participation in the function or event shall not be the basis for any action by the school or its employees that will be detrimental to the student’s grades, current academic status, disciplinary record or involvement in future school-related or sponsored events.

4. If the above event is scheduled during normal school hours, alternative arrangements shall be made at the school for students who are unable to attend.

II. CONSENT

As parent/guardian, I hereby give consent for the above named student to be transported to and from the above described event in our privately owned motor vehicle. By signing below, I agree to the terms and conditions set forth in section I “Notice” and KNOWINGLY and VOLUNTARILY release and hold harmless the District and all subdivisions and employees thereof from any liability of any kind arising from or in any way related to the transportation of the above named student in my motor vehicle, including any harm or injury to me or my child. I acknowledge that I am not an employee and/or agent of the District or any of its subsidiaries and the District does not provide any insurance for me and shall not indemnify me for any claims arising from the transportation of the student named above. I further affirm the contents of the attached Driver Agreement Form.

__________________________________________  _____________________
Signature of Parent/Guardian                Date
School-Related Student Trip Permission Slip, Medical Release, and Transportation Waiver Forms

DRIVER AGREEMENT FORM

(Use of Private Vehicle for Student Transportation)

I have been fully informed of District requirements and regulations related to the transportation of students in private vehicles and I certify that I meet the following:

1. I am the parent or legal guardian of; (student name) ____________________________
2. I possess a valid Kentucky driver’s license (copy attached);
3. I am at least twenty-one (21) years old;
4. I have in effect automobile insurance coverage which meets the minimum requirements established for private vehicles in the Commonwealth of Kentucky. (copy of current card attached)

I understand and acknowledge that the District does not assume any liability for any injuries and/or damages sustained by my student, myself, or any third party which arise from or are in any way related to transportation in a privately owned and/or operated vehicle while on any school related trip.

I understand that driver approval is non-transferable. I shall not permit any non-approved driver, including my child, to operate my vehicle for the transportation of students while on any school related trip.

I hereby knowingly and voluntarily waive, release and agree to hold harmless the District and any subdivision or employee thereof for any liability of any kind arising from or relating to the transportation of my child, ____________________________________________, in my privately owned vehicle while on any school related trip.

Date:_______________________________
Signature of Driver: _____________________________________________________

Printed Name of Driver: __________________________________________________________

Make, Model, and Year of Car: ____________________________________________________

License Plate Number: __________________________________________________________

Purpose for Use of Vehicle: ______________________________________________________

Dates for Use of Vehicle: ________________________________________________________

Approved By: _________________________________ Date: ___________________
School-Related Student Trip Permission Slip, Medical Release, and Transportation Waiver Forms

APPLICATION FOR APPROVAL FOR STUDENT TRANSPORTATION IN PRIVATELY OWNED MOTOR VEHICLE(S)

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Application is made to the Superintendent for approval to transport students in a privately owned motor vehicle or motor vehicles, and I certify the following:

1. ☐ Yes ☐ No Transportation is in connection with the above-referenced school function and/or event.

2. ☐ Yes ☐ No The school has undertaken to participate in, sponsor, or to provide for student participation in the school function or event.

3. ☐ Yes ☐ No The function or event is a single event and not part of a scheduled series or sequence of events at the same location.

4. ☐ Yes ☐ No As a practical matter, a District-owned bus or passenger vehicle is not available for the transportation of some or all of the students involved in the function and/or event.

5. ☐ Yes ☐ No The parent/guardian of each student to be privately transported has been notified in writing of the arrangements that were made for transportation of the student if District vehicles and written consent of the parent/guardian for each student to be privately transported is on file in the Principal’s office.

6. ☐ Yes ☐ No Students shall be transported only in designated seating positions in the motor vehicle(s) and each student shall be required to use a seat belt at all times while being transported in the vehicle.

7. ☐ Yes ☐ No A completed “Driver Agreement Form”, proof of insurance, and copy of a current valid Kentucky operator’s license for each driver of all privately owned motor vehicles to be used in transporting the students is on file in the office of the school Principal or is attached hereto.

_________________________________________  ______________________
Signature of Faculty Sponsor                Date

_________________________________________  ______________________
Signature of Principal                     Date

This application is ☐ approved ☐ disapproved

_________________________________________  ______________________
Signature of Superintendent                 Date

Review/Revised: 12/20/04