## **BLAINE COUNTY SCHOOL DISTRICT #61 OVERNIGHT SCHOOL TRIP PERMISSION FORM**

Form must be completed by student and parent/guardian prior to departure then returned to:

Dutes of 111p.	Destination:
Departure Time:	Return Time:
Student Name:	Grade/Age:
Home Address:	Student's Phone:
•	ased privacy in sleeping room assignment (check one): Yes No g teacher or coach will contact the parent/ guardian to determine what is s privacy and safety.)
IN CASE OF ILLNESS OR IN	JURY, THE TEACHER/COACH SHOULD NOTIFY:
Name:	Relationship: Phone:
In the event that the above na individuals the teacher/coach	med person cannot be located, provide the contact information of two may call:
Name:	Phone:
Name:	Phone:
In acco of autnoma amaganan	
student to the nearest medical	
student to the nearest medical Signed:	service. (Legal Guardian) Date:
student to the nearest medical Signed: Allergies:	service (Legal Guardian) Date:
student to the nearest medical Signed: Allergies: Additional Health Issues:	service. (Legal Guardian) Date:
student to the nearest medical Signed: Allergies: Additional Health Issues: Family Physician:	service. (Legal Guardian) Date:
student to the nearest medical Signed: Allergies: Additional Health Issues: Family Physician: Family Health Insurance Con Is the student taking any med	service.       (Legal Guardian) Date:          Phone:          Phone:          Plan #:          No          No
student to the nearest medical Signed: Allergies: Additional Health Issues: Family Physician: Family Health Insurance Con Is the student taking any med List:	service.       (Legal Guardian) Date:          Phone:          Phone:          Phone:          Phone:          Phone:          Plan #:          No         ication?       Yes
student to the nearest medical Signed:Allergies:Additional Health Issues: Family Physician: Family Health Insurance Con Is the student taking any med List: What arrangements need to be	service.       (Legal Guardian) Date:          Phone:          Phone:          Plan #:          No          No
student to the nearest medical Signed:Allergies: Additional Health Issues: Family Physician: Family Health Insurance Con Is the student taking any med List: What arrangements need to be  Parent/Guardian:	service(Legal Guardian) Date: Phone:Plan #: ication? YesNo e made for medication (attached additional pages if needed)?

## **BEHAVIOR CONTRACT FOR EXTENDED TRAVEL**

THIS BEHAVIOR CONTRACT FOR EXTENDED TRAVEL ("Contract") is made between the **BLAINE COUNTY SCHOOL DISTRICT NO. 61** ("District") and the Parent/Guardian and Student as identified below in contemplation of the following:

WHEREAS, District policy generally states that Student use of/or possession of alcohol other illegal substances is not permitted on school property or at school sponsored events;

WHEREAS, District has approved an extended travel trip ("Trip") to \_\_\_\_\_\_\_ to be chaperoned by District personnel;

WHEREAS, the District considers this Trip to be a school sponsored event within the disciplinary reach of the District and that all District student conduct policies apply;

NOW, THEREFORE, District and Student and Parent/Guardian agree as follows:

- 1. Student is granted permission to participate in the Trip.
- 2. In consideration of such permission being given to Student, both Student and Parent/Guardian agree and promise that:
  - a) Student will not use alcohol or other illegal mood altering substances while on this trip.
  - b) Student will follow all directions and instructions of chaperone while Student is on this Trip.
- 3. If Student chooses not to follow the prohibition from using alcohol or mood altering substances or violates any District policy or chaperone instruction while on this Trip then:
  - a) Parent/Guardian shall be immediately notified of Student's behavior;
  - b) Parent/Guardian will be given the choice of the Student being sent home accompanied or unaccompanied;
  - c) If Parent/Guardian consents to Student being sent home unaccompanied, then all costs, expenses, risk of injury or death arising from Student traveling unaccompanied shall be that of the Parent/Guardian;
  - d) If Parent/Guardian objects to Student being sent home unaccompanied then;
    - 1) Parent/Guardian shall, within twenty-four (24) hours, travel to \_\_\_\_\_\_ to take personal charge of Student at Parent/Guardian's expense; or
    - 2) If Foreign Travel, District chaperone will accompany Student to the first arrival point in the United States and meet Parent/Guardian at said arrival point to turn custody and control of Student over to Parent/Guardian; or
    - 3) Chaperone will accompany Student from \_\_\_\_\_\_ to Hailey, Idaho

In the event of either (b) or (c) above being elected, Parent/Guardian shall be obligated to reimburse District all costs and expenses incurred resulting from having to return Student early from the Trip. Such costs and expenses shall include, but not be limited to, long distance telephone charges, meals, automobile, airline ticket charges, hotel/motel charges, taxi expenses, etc.

The above has been discussed with me and I agree to adhere to the contents.

Dated \_\_\_\_\_

Student's Signature:\_\_\_\_\_

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

Trip Leader Signature:\_\_\_\_\_