

Special Event Off-Campus Permission Form

Jackson Christian School

4200 Lowe Road

Jackson, MI 49203

517-783-2658

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Teacher in Charge: \_\_\_\_\_

Special Safety Issues: \_\_\_\_\_

Special Rules for Students to Follow: \_\_\_\_\_

Special Items Needed: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_

Means of Travel: \_\_\_\_\_ Cost of Trip: \_\_\_\_\_

Food/Lunch: \_\_\_\_\_

Other Information: \_\_\_\_\_

Special Needs/Parent's wishes: If your student has allergies or other medical or special needs, please write them, sign them, and attach them to this sheet and initial below. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect below. I further understand that a situation may arise where immediate medical attention may become necessary for my child and give permission to the school staff to authorize this treatment.

Special student information attached. Parents initial here: \_\_\_\_\_

If you initialed this space, please also communicate your wishes to your child.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Jackson Christian School its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume financial liability beyond its actual liability insurance policy in force.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_