

LINCOLN-WAY COMMUNITY HIGH SCHOOL FIELD EXPERIENCE PERMISSION FORM

Please read the following and indicate your acceptance by your signature(s) below.

STUDENT NAME: _____

PARENT/GUARDIAN NAME(S): _____

PHONE NUMBERS: HOME: _____ CELL: _____ OTHER: _____

FIELD EXPERIENCE: 2019/2020 Winter Guard

DATE OF EXPERIENCE: November 1, 2019 – April 30, 2020

INSURANCE: I NEED ACCIDENT INSURANCE MY CHILD IS COVERED BY A FAMILY POLICY

Insurance Company: _____ Policy Number: _____

LIST ALL MEDICAL CONDITIONS AND MEDICATIONS: _____

PERMISSION TO ADMINISTER FIRST AID

For his/her own protection and welfare, the participant, and if a minor, his/her parents or legal guardians, grant the teacher/sponsor/coach full authority to take whatever action the teacher/sponsor/coach believe is warranted under the circumstances regarding the participant's health and safety. This authority will permit the teacher/sponsor/coach to place the participant at his/her own expense in a hospital at any point for medical services and treatment. The teachers/sponsors/coaches are further authorized to render to the participant at their discretion whatever first aid may, in their opinion, be necessary to protect the participant's health and safety and to transport the participant back to the United States of America by whatever means deemed necessary for medical treatment at the participant's expense.

RELEASE AND INDEMNITY AGREEMENT

The undersigned participant, and his/her parents or legal guardians of the participant who is a minor, and in consideration of being permitted to participate in any manner in this school-sponsored activity of Lincoln-Way Community High School, and for such other good and valuable consideration, do hereby release, waive and discharge Lincoln-Way Community High School, its employees and Board of Education members of and from all manner of action, causes of action, suits, damages, judgments, or claims for personal injury or death or loss of personal property, and any loss, damage, expense or cost including any lodging, meals, ground or air travel which may be incurred by the undersigned or minor child or the undersigned parents or legal guardians of a minor child, arising out of any participation in this school-sponsored activity of Lincoln-Way Community High School.

The undersigned participant and his/her parents or legal guardians agree to indemnify Lincoln-Way Community High School, its employees and Board of Education for any financial liability or damages which the participant abuses or contributes to while participating in the school-sponsored activity.

In order for a student to participate in Athletics/Activities/Field Experiences, the school will insist he or she have accident insurance coverage. Probably your present family policy covers your student here at school. If not, the student will be required to take the school's accident policy. Practically all policies have certain limitations and in some cases do not cover the entire accident expense. Be sure you understand the coverage you have.

Expenses over and above the insurance coverage are the responsibility of the parents. The school assumes no obligation for this.

STUDENT/PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____ DATE: _____

TEACHER/SPONSOR/COACH'S SIGNATURE: _____ DATE: _____

Form C

Lincoln-Way High School District 210
Student Emergency Information

Student Name: _____ ID# _____

Date of Birth: _____ Age: _____ Gender: _____

Activity/Sport: 2019/2020 Winter Guard

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Student Cell Phone: (____) _____

Father's Information:

Full Name: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Mother's Information:

Full Name: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Other Emergency Contact Person: _____

Relationship: _____ Phone: (____) _____

Physician Name: _____ Phone: (____) _____

Release of Student Directory Information for Internet Use

I(We), _____ (please print) as parent(s) of
_____ (student ID#) _____ agree that any directory information*
pertaining to my (our) child listed above may be released to the general public (including the media) through the school
district's website on the internet except for that information which I (we) have listed directly below:

(in this space you may indicate any information you do not want released to the general public or may insert "Do Not Release Any Information" if you wish)

*Directory information includes all identifying information such as name, town, gender, grade level, age, birth place, photo, parents' names and town, academic awards, degrees and honors, information in relation to school-sponsored activities, organizations and athletics, major field of study, and period of attendance in the school.

Print Parent Name Parent Signature Date

Print Parent Name Parent Signature Date