



Detroit Public Schools Community District

**Student-Out-of-Country Release Permission Slip and Medical Consent Form**

Student Name: _____	Grade: _____
School: _____	Travel Date(s) _____
Parent/Guardian Name: _____	Emergency Contact# _____
Destination: _____	
Description of Trip: _____	

**Please Print**

I, the undersigned parent/guardian of the above-named student, acknowledge and consent to my child attending the school sponsored Out-of-Country field trip. Participation is a voluntary extracurricular activity that involves air travel outside of the continental United States and overnight stay. I understand that any trip involving air travel or any type of travel outside of the continental United States could have additional risks and safety considerations. I have been advised to avail myself of all current advice and information from the Office of the U.S. Secretary of State regarding travel to this country.

Waiver of Liability: In consideration of my child being permitted to participate, I hereby, on behalf of myself, my heirs, personal representatives, assigns, agents, and on behalf of my child do forever, release, waive, discharge and covenant not to sue, the Detroit Public Schools Community District and/or its respective Board members, executives, administrators, officers, directors, agents, employees, contractors and volunteers from any and all claims, causes of action, or other judicial proceedings, costs, losses, expenses, damages and liabilities, including attorneys' fees arising out of or related to, directly or indirectly, all known or unknown personal injuries or property damage or any harm resulting from my child's participation in the school sponsored Out of -Country field trip to the extent permitted by law.

Assumption of Risks: I acknowledge that air travel, out-of-country is of "higher risk" to the participants. The District reserves the right to cancel trips up to departure and or recall trips in progress, if the District believe there is potential danger to the group or other reason deem appropriate. I, hereby, on behalf of myself, my heirs, personal representatives, assigns, agents, and on behalf of my child voluntarily assume full responsibility for any risk of bodily injury, property damage or any harm arising out of or related to the school sponsored Out-of-the-Country field trip to the extent permitted by law.

Indemnification and Hold Harmless: I, hereby, on behalf of myself, my heirs, personal representatives, assigns, agents, and on behalf of my child , agree to indemnify and hold harmless the Detroit Public Schools Community District and/or its respective Board members, executives, administrators, officers, directors, agents, employees, contractors and volunteers from any claims, causes of action, or other judicial proceedings, costs, expenses, damages and liabilities, including attorneys' fees, brought as a result of my child's participation in the school sponsored Out of -the-Country field trip to the extent permitted by law.

*(All signatures required- please see page 2)*

***The undersigned, have personally and carefully read and fully understand the foregoing, are fully knowledgeable, have personally considered all dangers known or unknown, whether named herein, and willingly and voluntarily accept all risks and responsibilities discovered or undiscovered. I hereby give my permission for my child to participate in the school sponsored Out of -Country field trip.***

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE



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I understand that Detroit Public Schools Community District policies and codes of conduct in the Right and Responsibilities of Students (aka “Student Code of Conduct”) apply and are in effect on this school sponsored trip. I agree to abide by and adhere to the behavior requirements of the Student Code of Conduct.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**Consent for Student Medical Emergency Treatment:**

In my absence, I authorize medical, surgical and dental treatment, both emergency and non-emergency, considered necessary and proper for the diagnosis and treatment of the child named in the form. I further authorize the Detroit Public Schools Community District and their authorized staff members or volunteer to cause my child to be transported to the nearest medical facility for treatment of any injury/illness. I agree to hold harmless Detroit Public Schools Community District, and anyone authorized by DPSCD and their board members, trustees, advisors, officers, sponsors, employees, and volunteers from any liability as the result, direct or otherwise, of this transportation or medical care. I hereby assume responsibility for the cost of medical treatments and indemnify the District for such cost.

**General Information:**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell/Emergency Phone: \_\_\_\_\_

**Medical Information:**

Does student have diabetes, epilepsy, allergies or other health problems? \_\_\_\_ No \_\_\_\_ Yes

If yes, please specify \_\_\_\_\_

Is student currently taking any medication (include antihistamines, aspirin, tranquilizers, insulin)? \_\_\_\_ No \_\_\_\_ Yes

If yes, please specify \_\_\_\_\_

Is student currently under medical treatment? \_\_\_\_ No \_\_\_\_ Yes

If yes, please specify \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Office Phone: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OF MINOR

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
DATE