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A-6. What is the educational purpose of this trip?

Approximate or range of cost to the student \$

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OVERNIGHT TRIP APPLICATION FORM

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Approximate or range of cost to the chaperone \$ _____

A-16. ATTACH AND SUBMIT A complete itinerary shall be attached to this form listing all events and times along with hotel names and methods of supervision. Be as complete as possible.

4/5/23 3:30P Leave GSHS for Jasper Invite – Arrive at Jasper ~4:30P
~9-10PM Arrive at Hampton Inn in Jasper for overnight

4/6/23 ~6:30-7AM Arrive at Jasper HS to complete Invite
~3PM Leave Jasper for GSHS

Coach Grabbe and Coach DeBord – as well as one female parent chaperone will constantly supervise the team at the hotel.

A-17. ATTACH AND SUBMIT The transportation company phone number, fax number, a copy of their liability insurance certificate (limits of liability), and any other pertinent information related to the experience and integrity of this company.

A-18. AT DEPARTURE, SUBMIT AN ACCURATE LIST OF ALL STUDENTS AND CHAPERONES ALONG WITH MAJOR CHANGES TO THE ITINERARY TO THE AFFECTED PRINCIPAL. Break down the list of chaperones into teachers, parents, college students, and other helpers. **The principal will fax to the Central Office the exact list of the group departing along with the updated itinerary.**

A-19. REMINDER: It is mandatory to fill out and return page number #4 of this form to the affected principal within one week upon returning unless extra time is needed and granted by the affected principal.

A-20 NOTICE: If dates or places should change after this trip is approved, this entire form must be resubmitted with changes for approval by the board.

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GROUP(S) ATTENDING _____ **SPONSOR** _____

B. PRINCIPAL SECTION:

B-1. Date form received: 4 12 23

B-2. Have all affected teachers of participating students been notified and student requirements for makeup work been approved. Yes ___ No ___

B-3. In comments section record any previous trip concerns with an affected individual, group, or sponsor.

B-4. Are substitute teachers available for affected classes? Yes ___ No ____.
If Yes, fill in the necessary information.

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

B-5.  9/12/23
Approved by: Name and Date _____ Denied by: Name and date _____

B-6. Comments:

C. SUPERINTENDENT SECTION:

C-1. Date form received: _____

C-2. _____
Approved by: Name and Date _____ Denied by: Name and Date _____

C-3. Comments:

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GROUP(S) ATTENDING _____ **SPONSOR** _____

A. AFTER RETURNING FROM YOUR TRIP SPONSOR FILLS OUT THIS SECTION:

A-21. Explain any problems with sickness, injuries, or discipline during this trip.

A-22. Explain any vandalism or theft of school property during this trip.

A-23. Recommendation of this trip or needed changes to this form (other info):

Sponsor's signature: _____

Date returned from trip: ____ ____ ____

Date of filing this page #4: ____ ____ ____

Principal's signature _____ Date ____ ____ ____

Superintendent's signature _____ Date ____ ____ ____

REMINDER: Fax copies of this page #4 back to the principal and sponsor.

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Consent for Medical Treatment

Name of student/sponsor/chaperone _____

Known drug allergies _____

Other allergies _____

List chronic or existing diseases or medical problems (i.e., diabetes, epilepsy?) _____

List any instructions for the care of the above stated medical conditions. _____

List any medications that are being taken now. _____

Date of last tetanus injection or booster (month, day, year) ____ ____ ____

Family Physician _____ Phone # () _____

Name of medical insurance carrier _____

Identification number _____ Member's Name _____

Benefit Code _____ Account # _____

In case of accident or serious illness, parents/guardians/relatives/friends will be contacted. If parents/guardians/relatives/friends cannot be contacted, and the above named needs emergency medical treatment, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Authorization is also given for any of the listed medications on this form to be administered, if necessary, to the above named individual.

Signature _____ Date _____

Parent/Guardian (for students under 18 years of age) /Sponsor/Chaperone Approval

If school representatives are unable to reach parents/guardians, the below listed relative/friend may be contacted:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

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SOUTH GIBSON SCHOOL CORPORATION PERMISSION FORM

The following is to be completed before a student may participate in the activity:

School_____

Activity_____ Sponsor(s)_____

Club/Organization_____ Date(s) of Event_____

_____ has my permission to participate in this activity.
(student's name)

I understand that participation in the above activity means strict adherence to the rules, regulations, and policies of the school. While participating in school-sponsored activities, students are to abide by all regulations they would normally follow during the school day. I fully understand that the sponsor(s) will be in complete charge of the activity, and I will accept their instructions and decisions as correct and final.

Furthermore, I will accept full responsibility for any and all injuries or damages resulting from participation in this activity. It is understood that South Gibson School Corporation, the school, or any of their respective personnel shall not in any way be held liable in the case of any accident related to this activity. **The attached Release and Indemnity Form must be signed and returned attached to this Permission Form.**

Date

Parent/Guardian Signature/Approval

Phone Number(s)

I agree to the above stated conditions of participation and will observe normal school standards of behavior.

Student's Signature

If applicable, sponsor should complete the following information:

Destination of Trip_____ Method of Transportation_____

Date of Departure_____ Cost to Student_____

Place of Departure_____ Approximate Time of Return_____

Place of Return_____

Additional rules and itinerary may be attached on a separate sheet.

RELEASE AND INDEMNITY FORM

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Release executed on _____, _____, by _____
(Date) (Print Name)

_____(if under 18, state both parent and minor's names) of

_____, _____, _____, herein referred to as
(Address) (City) (State)

RELEASOR.

In consideration of myself and or my child or ward being permitted to participate in the activity to which this release is attached, I, for myself, my spouse, child or ward, dependents, legal representatives, heirs, and, assigns, hereby release, waive, and discharge South Gibson School Corporation, its Board of Trustees, its Officers and employees and each of them, referred to as SGSC, from all liability to myself, my spouse, child or ward if a minor, dependents, legal representatives, heirs and assigns, for any and all loss or damages, and any claim or damages resulting therefrom, on account of injury to myself, my child's or ward's, person or property, even injury resulting in death, whether caused by negligence of SGSC or otherwise while I, my child or ward, is for any purpose participating in or preparing for the specified activity.

I, for myself, my child or my ward, agree to indemnify SGSC from all loss, liability, damage or cost I or my child or ward may incur arising out of my, my child's or ward's participation in the specified activity whether caused by the negligence of the SGSC or otherwise.

I, for myself, my child or my ward, hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of SGSC or otherwise while participating in the specified activity.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad as permitted by the laws of the State of Indiana, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

IN WITNESS WHEREOF, I have executed this release this _____ day of _____, _____.

Signature (If a Participant is under 18, a Parent
or Court appointed Guardian must sign.)

READ CAREFULLY
THIS IS A RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

PLEASE NOTE: A Release and Indemnity Form is required for overnight trips that do not involve a team or individual sport sanctioned by South Gibson School Corporation or a co-curricular activity such as a band competition. The form is necessary for all other types of trips. Examples of trips which would require a participant to sign the Release and Indemnity Form include a drama club trip to see a play, an art club trip to see an art exhibition, a trip to Europe during the summer or spring break, or a band trip to someplace like Disneyland. The types of trips for which the Release and Indemnity Form is necessary are those which are an opportunity to participate in a related life experience but which are not an activity required as part of the school curriculum or as part of a school-sanctioned sport. If you have a question about whether or not the Release and Indemnity Form is required for a particular trip, please contact the Superintendent's office.

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