

Grayslake Community High School District 127
Grayslake, Illinois 60030

STUDENT/PARENT/TEACHER AGREEMENT

I, _____ understand that while I am a participant on the
(Student Name)
Grayslake Community High School District 127 trip to _____, I am
expected to behave in a manner that is appropriate and responsible at all times. I
understand that school rules will apply. I accept that should I break these rules or act
inappropriately, I will be sent home immediately and that I and/or my legal guardian will
be held financially responsible for my actions.

I understand and accept that _____, the teacher/group leader and
(Tour group)
Grayslake Community High School cannot be held responsible for events beyond their
control. This would include but not be limited to: war, civil unrest, politically motivated
acts of violence, acts of God, terrorist activities, strikes, or government restrictions, nor or
personal injury, death, or property damage.

Student Signature

Legal Guardian Signature

Teacher Signature

**Grayslake Community High School District 127
Behavior Compliance Agreement**

Student Name _____ Home Telephone _____

Address _____ Zip Code _____

Date of Birth _____ Place of Birth _____

School _____ School Telephone _____

School Contact Person _____ Position _____

Parent/Guardians Full Names _____

Place/Times of Employment _____

Employment Telephone Numbers _____

+++++

Release

I, a participant in the excursion to _____ on _____, sponsored by _____, and approved by Grayslake Community High School District 127, agree to all the following conditions:

I agree to abide by all rules, regulations, policies, standards, and behavior established and to follow the specific instructions of the chaperones in all instances. I understand that the safety and welfare of the group is of the utmost importance.

I understand that I am expected to participate in all group and individual activities and to complete all related assignments. I understand that all rules, policies and standards of the school board remain in force. I understand that the use of alcohol is strictly forbidden.

In the event of an infraction of the rules, the chaperones reserve the right of final decision and may, if deemed necessary, place a collect telephone call to my parents. They may further send me home at my personal expense (or my parents'/guardians') as a result of any action(s) deemed to be detrimental to the safety or well being of the program or its participants.

As a representative of the School Board, I agree to act in a responsible, ethical, and positive manner so as to derive the greatest benefits from the Program and make valuable contribution to the District.

I therefore certify that I have read and understood this behavior compliance agreement and that I agree to abide by all provisions.

Student Signature

Date

Witness

Date

I certify that I am the parent or legal guardian of the student named above and that I have read the foregoing release. I agree to every part of this release and hereby relinquish any claim that I may have against the program, organizers, chaperones, and the School District, both on my behalf and in my capacity as legal representative, while my child is a participant in this program, during both supervised and unsupervised activities.

Parent/Guardian Signature

Date

**Grayslake Community High School District 127
Liability Release Form**

Student Name _____ Home Telephone _____

Address _____ Zip Code _____

Date of Birth _____ Place of Birth _____

School _____ School Telephone _____

School Contact Person _____ Position _____

Parent/Guardians Full Names _____

Place/Times of Employment _____

Employment Telephone Numbers _____

Emergency Contact _____ Telephone _____

Address _____ Relationship _____

Physician _____ Telephone _____

+++++

Release

I, a participant in the excursion to _____, on _____, sponsored by _____, and approved by Grayslake Community High School District 127, agree to all the following conditions:

The Program organizer(s), group chaperones from Grayslake Central High School and District 127 shall not be liable for any damages or loss to my person or property arising from my participation in this program.

The Program organizer(s) and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss or damage resulting therefrom. In the event of any illness, accident, incapacity incurred by me, the group chaperone may consider my best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.

Any and all claims, obligations, suits in any liabilities whatsoever against the organizer(s), chaperones, and/or the School District are hereby waived and released.

I certify that I have read and understood this release and agree to abide by its provisions.

Student Signature

Date

Witness

Date

I certify that I am the parent or legal guardian of the student named above and that I have read the foregoing release. I allow my child to participate in this trip. I agree to every part of this release and hereby relinquish any claim that I may have against the program, organizers, chaperones, and the School District, both on my behalf and in my capacity as legal representative, while my child is a participant in this program.

Parent/Guardian Signature

Date

Witness

Date

Grayslake Community High School District 127
Student Health & Medical Information

Student Name _____ Birth Date _____
Address _____ Telephone _____
Physician's Name _____ Telephone _____

1. HEALTH HISTORY—PLEASE CHECK WHETHER YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING:

<u>YES</u>	<u>NO</u>	
___	___	Allergies (specify) _____
___	___	Asthma
___	___	Bee/insect sting reactions
___	___	Convulsions
___	___	Diabetes
___	___	Ear infection
___	___	Heart Condition
___	___	Stomach upsets
___	___	Special Diet (specify) _____

2. Are there any medical restrictions or limitations to your child's physical activities? If so, please specify.

3. Please list any medication your child must take during his/her participation in this excursion. Be specific about time and dosage. Medication should be given, in its original labeled prescription bottle, to the teacher in charge before departure.

MEDICATION	DOSAGE	PURPOSE	TIME(S)
_____	_____	_____	_____
_____	_____	_____	_____

4. When did your child have his/her last tetanus shot? _____

THIS HEALTH INFORMATION IS ACCURATE INSOFAR AS I KNOW. MY CHILD HAS PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT AS NOTED ABOVE.

IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I AUTHORIZE GRAYSLAKE COMMUNITY HIGH SCHOOL DISTRICT 127 AND/OR ITS AGENTS TO OBTAIN THE PROPER TREATMENT TO ASSURE THE HEALTH AND WELL-BEING OF MY CHILD. THIS AUTHORIZATION SHALL ALSO EXTEND TO AND INCLUDE HOSPITALIZATION FOR FIRST AID WHERE/WHEN NECESSARY.

Medical Insurance Policy Number

Parent/Guardian Signature

Insurance Company's 800 Phone Number

Date

ALSO, IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I AUTHORIZE THE PAYMENT OF MEDICAL FEES TO BE PUT ON MY CREDIT CARD AS NECESSARY (OUT OF COUNTRY TRAVEL ONLY).

Credit Card Company

Credit Card Number

Expiration Date

Parent/Guardian Signature

Grayslake Community High School District 127

CONSENT LETTER FOR CHILD TRAVELING
OUT OF COUNTRY WITHOUT EITHER PARENT

To whom it may concern:

We, _____ are the parents/guardians of _____,
Parent/Guardian names Name of Child
born on _____ at _____. He/she is carrying the following
Date of Birth Place of Birth
citizenship document:

☐ **Passport**

Number: _____ Issued on (date & place): _____

☐ **Birth Certificate & Picture ID**

Original ☐

Certified ☐

☐ **Other—please specify**

Our child has consent to travel with _____ and Grayslake Community High
School District 127 to visit _____ for the following
dates: _____.

Any questions regarding this consent can be directed to us at:

Address _____

Home Phone Number _____

Work Phone Number _____

Parent/guardian signature

Date

Parent/guardian signature

Date