

# Thomas Kelly High School

## Trip/Activity Document

### Student Release

IMPORTANT: THE STUDENT MAY NOT PARTICIPATE IN THE TRIP/ACTIVITY WITHOUT THE CONSENT AND WRITTEN SIGNATURE OF THE PARENT OR GUARDIAN, THE DIVISION TEACHER, AND ALL CLASSROOM INSTRUCTORS.

Student Name \_\_\_\_\_

Division \_\_\_\_\_

Student is clear from all cuts      \_\_\_\_\_ YES      \_\_\_\_\_ NO

#### Trip/Activity Details

Activity \_\_\_\_\_

Sponsor \_\_\_\_\_

Date(s) \_\_\_\_\_

Time departing \_\_\_\_\_

Time returning \_\_\_\_\_

Cost to student \_\_\_\_\_

Transportation \_\_\_\_\_

#### Student Agreement

I agree to act in an appropriate manner on this field trip. I will follow the same rules on the trip as I do in the school building. I understand this is a privilege, and I may be expected to follow additional rules of conduct. I am also aware that any inappropriate behavior will be disciplined.

\_\_\_\_\_  
Student's signature

#### Parent Agreement

As the legal parent or guardian of the above named student, I am aware that my child will be participating in this activity. I give my permission for my child to participate in this activity on the dates and times listed above.

I authorize school personnel to act for me in any emergency, accident or illness. I release the Chicago Board of Education, and its officers, members, employees, agents and volunteers, from any liability or claims arising out of, or in any way connected with this trip/activity. I assume full responsibility for the actions of my son/daughter or ward while participating on this trip.

\_\_\_\_\_  
Medical need in which school personnel should be aware of during this trip

\_\_\_\_\_  
Parent's signature

#### Class Release (Teacher's Signature)

0 \_\_\_\_\_

5 \_\_\_\_\_

1 \_\_\_\_\_

6 \_\_\_\_\_

2 \_\_\_\_\_

7 \_\_\_\_\_

3 \_\_\_\_\_

8 \_\_\_\_\_

DIV \_\_\_\_\_

9 \_\_\_\_\_

4 \_\_\_\_\_

10 \_\_\_\_\_