

## RIO RANCHO PUBLIC SCHOOLS Out of Town Field Trip PARENT PERMISSION TO PARTICIPATE

This form is to be filled out **completely** and returned to the activities leader (sponsor) **before** the student is allowed to practice, compete, perform, and/or participate in any out-of-town extracurricular/co-curricular activities.

| The parent/guardian of                            | , who a ate in the following out-of-town activitie: | attends Cleveland High Scho<br>s: | ool, hereby gives |
|---|---|-----------------------------------|-------------------|
| OUT-OF-TOWN TRIP INFORMATIO                       | N:  |                                   |                   |
| Subject of Class: Marching Ba                     | nd  |                                   |                   |
| Destination: All Marching Cor                     | npetitons/Football Games                            |                                   |                   |
| Name of Venue at Destination                      | City of Destination                                 | State of Destination              | Zip Code          |
| Phone Number at Destination                       |   |                                   |                   |
| Purpose of Trip: Competitons                      |   |                                   |                   |
| Director of Bands                                 |   |                                   |                   |
| Name of Trip Organizer                            | Mobile Number for Trip Organizer                    | E-mail Address for Trip Organizer |                   |
| TBA   | TBA   | BUS                               |                   |
| Departure Date                                    | Return Date   | Transportation Type               |                   |
| Cleveland High Time TBA                           | Cleveland High Time TBA                             |                                   |                   |
| Departure Time/Location                           | Return Time/Location                                | _                                 |                   |
| PARENT/GUARDIAN INFORMATIO                        | N:  |                                   |                   |
| Parent/Guardian Name (Print)                      |   |                                   |                   |
| Parent/Guardian Home Address                      |   | Phone #                           | Work Phone #      |
| Emergency Contact/Relationship to Student (Print) |   | <br>Phone #                       | <br>Work Phone #  |

The parent/guardian is reminded that every reasonable precaution will be taken to provide for the safety and care of the student. In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian. The parent/guardian hereby assumes financial responsibility for all hospitalization and medical treatment provided. A copy of this permission form will accompany the sponsor.

## PROHIBITED ACTIVITIES

The parent/guardian and student do hereby accept, by agreement, the responsibility related to the following statement of prohibited activities:

- A. A person shall not by any conduct, act, force, or threat deprive another of the exercise of personal rights and responsibilities, nor engage in any conduct, which causes disruption of any lawful mission, process, or function of the school.
- B. A student shall not intentionally cause or attempt to cause damage to school or private property or steal or attempt to steal school or private property. If a student should cause willful damage to school property, the school will seek restitution from the student and parent/guardian.
- C. A student shall not intentionally cause or attempt to cause physical injury to any person or behave in such a way as could reasonably cause physical injury to another.
- D. A student shall not possess, handle, or transmit any object that could reasonably be considered a weapon.
- E. A student shall not possess, use, transmit, or be under the influence of any controlled substance. Use of a drug authorized by a medical prescription from a registered physician, and in accordance with professional instructions, shall not be considered a violation of this rule. Students taking medication should advise chaperones.
- F. Any violation of local, state, or federal laws or the Cleveland High School Student Handbook on school trips will subject the student disciplinary action by school authorities.

## **CONSEQUENCES**

I understand that all rules and policies that govern student conduct in the Rio Rancho Public Schools also apply at all times through the duration of this trip. Any violation of RRPS rules and policies may result in any of these disciplinary actions as defined in the Cleveland High School Student Handbook.

- A. The parent/guardian will be called upon to assume responsibility for any and all damages that may result from prohibited action of the student.
- B. The student will be excluded from any future trip.

Prescription medication(s) student is taking:

Notary Public

C. The student will be excluded from participation in future activities.

## MEDICAL INFORMATION

| Allergies to medication (such as penicillin):   |   |
|---|---|
| The above-named student is covered by medical insurance provided bywhich will cover the cost of medical care resulting from injuries sustained whactivities sponsored by the Rio Rancho Public Schools, at home or away.  | (name of company) hile participating in extracurricular or co-curricular  |
| PARENT AUTHORIZATI  | ION   |
| <ul> <li>I authorize the Rio Rancho Public Schools to release to the New Mexic determine eligibility.</li> <li>I authorize the school to obtain through a physician any medical care in student in the course of extracurricular/co-curricular activities including</li> <li>I also agree not to hold the school or anyone acting in its behalf respor student in the course of such extracurricular/co-curricular activities incl</li> </ul> | ncluding care that may become necessary to the<br>g travel.<br>nsible for any injury occurring to the above-named |
| I have read the above and agree as the party legally responsible for the abo  | ove student, to all statements and terms.   |
| Signature of Parent/Guardian  | Date  |
| Subscribed and sworn before me this day of  | , 20  |
|   | My commission agniros:  |

Date

| I have read the above and agree to all statements and terms. |          |
|--|----------|
| Signature of Student   | Date     |
| Signature of Principal                                       | Date     |
| Signature of Sponsor   | <br>Date |

This form must be in the possession of the sponsor on all trips.