

## RELEASE FOR OVERNIGHT TRAVEL PROCEDURE

The undersigned parent(s) or guardian(s) and student \_\_\_\_\_  
(Name of student)

acknowledge having read the following and that we fully understand travel is an important part of the educational process.

1. The \_\_\_\_\_ has scheduled a field trip to  
(Name of organization)

\_\_\_\_\_  
(Destination)

from \_\_\_\_\_ to \_\_\_\_\_  
(Date of departure) (Date of Return)

2. The Grinnell-Newburg Community School District has granted approval for: (1) The aforementioned student to be absent from regular daily school attendance during the term of the field trip, and (2) the participation of the student in this field trip.

3. Travel by the student on this field trip could subject the student to various hazards and dangers during the course of the field trip including, but not limited to, negligent or intentional actions of third persons, transportation accidents, slips and fall accidents, etc.

4. Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please explain: \_\_\_\_\_

5. Are there other health concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

6. ( ) I authorize school personnel to administer the following medication to my child while on overnight travel

( ) I authorize my child to administer (for non-controlled substances only) the following medication to themselves while on overnight travel

NOTE: If either box is checked, this form must be accompanied by 507.2E1, 507.2E2, or 507.2E3.

\_\_\_\_\_  
(Name of medication)

\_\_\_\_\_  
(Dosage)

\_\_\_\_\_  
(Time)

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\_\_\_\_\_  
(Name of medication)

\_\_\_\_\_  
(Dosage)                      (Time)

\_\_\_\_\_  
(Name of medication 3)

\_\_\_\_\_  
(Dosage)                      (Time)

I further state that I have received a copy of this notice, that I have read and understand it, that I have the parental/guardianship authority to execute this form, and that I hereby consent to the student’s participation.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence as a result of self-administration of medication by the student as established by IOWA CODE §280.16.

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

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Signature)