NEW No. 352-Exhibit A

**OCONOMOWOC AREA SCHOOL DISTRICT**

**PARENT/LEGAL GUARDIAN CONSENT FORM**

**FOR FIELD TRIPS, EXTRACURRICULAR TRIPS, COCURRICULAR TRIPS, CONTESTS,**

**AND EXTENDED TRIPS**

We, as parents or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Child)

Grant our Permission Do Not Grant Our Permission

and consent for such child to participate in the field trip, extracurricular trip, contest, or excursion, described as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Description of Activity)

(Date)

In granting such permission and consent, we specifically recognize that such consent and participation in specified trip is voluntary and that failure to grant consent will in no way result in any impact on the grade of such child for failure to participate in the trip.

In granting such permission and consent, we:

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this \_\_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Zip)

(State)

(City)

(Address)

(Phone)

Health concerns or limitations:

Medication(s) currently taking:

Medication required to be taken on a field trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW No. 352-Exhibit B

**OCONOMOWOC AREA SCHOOL DISTRICT**

**APPLICATION FOR ENTITLEMENT TO PLAN**

This form is to be filled out by the faculty member in direct charge of an extended trip involving travel in excess of 500 miles (round trip). This application must be filed with the building principal before engaging in promotional or informational activities involving students. Upon receipt of the completed form, the principal will approve/disapprove and forward the request to the Superintendent of Schools. The Superintendent shall direct that the plan be discontinued or issue an Entitlement to Plan*.*

Name of

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization

Teacher/Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination

Person Responsible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Filed

(Signature)

1. Date-Time-Place of Departure:

2. Date-Time-Place of Return:

3. Mode of Transportation:

\_\_\_\_\_ Car (List person(s) driving)

\_\_\_\_\_ Bus (Name of bus company)

\_\_\_\_\_ Other

4. Names of Chaperones:

5. Housing Arrangements:

6. Arrangements for Adequate Insurance for All Participants (explain):

Attach proof of insurance on personal automobile. The school district is secondary carrier when private automobiles are used.

Is an insurance rider to be purchased by the district needed? \_\_\_\_\_Yes \_\_\_\_\_ No

7. Meal Arrangements:

8. Payment to be made by:

If billed to district, ACCOUNT NUMBER:

9. Number of Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Adults:­­­­­­­­­­­­­­­­­­­­­

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. |  | Cost to each student: |  | Cost to each adult: |
|  | Transportation |  |  |  |
|  | Meals |  |  |  |
|  | Admission |  |  |  |
|  | Other |  |  |  |
|  |  |  |  |  |
|  | TOTAL |  |  |  |
|  |  |  |  |  |
|  | Please attach a count of the number of free transports, if furnished, and to whom they will be granted. | | | |

11. Educational value (purpose) of the trip as compared to remaining in school (*Indicate the relationship of the proposed trip to specific objectives of the sponsoring organization):*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

12. Proposed itinerary and activities associated with the trip (*attach program if available):*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

13. List Teachers Who Will Need Substitutes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Total Cost of Substitutes ($\_\_\_\_\_\_ per day per sub): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Endorsements Signature Date Approved Disapproved**

Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Superintendent of Schools/

Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**(Reasons for disapproval should be attached)**

|  |
| --- |
| If approved, send to the Director of Business Services for review of insurance and budgetary questions.  Note: Approval authorizes an “Entitlement to Plan” to the faculty sponsor of the trip. |

**Endorsements Signature Date Approved Disapproved**

Director of Business

Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

No. 352-Exhibit C

**Form Memo - ENTITLEMENT TO PLAN**

DATE: *(Current)*

TO: *(Faculty Sponsor Name and Location)*

FROM: Superintendent

RE: Issuance of Entitlement to Plan on Extended Trip in Excess of 500 Miles Round Trip

After reviewing the proposed trip, I am approving your request for an Entitlement to Plan for an extended trip in excess of 500 miles (round trip). We appreciate your interest in offering this opportunity to students. Please note that the Entitlement to Plan is subject to the following conditions:

1. After the initial announcement to students, all planning shall be conducted outside class hours.
2. No pressure shall be placed upon any student to participate.
3. One informational announcement or meeting may be held with parents of students eligible to participate.
4. The proposed sponsor shall furnish to students and parents an explicit statement showing the relationship of the proposed trip to specific objectives of the class, as contained in the curriculum outline on file with the Board of Education or the stated objectives of the group, if the group is not a regular course.

We will assist you as necessary to successfully complete the planning and preparation needed for this trip. Please do not hesitate to contact me when further information or support is needed.

NEW No. 352-Exhibit D

**OCONOMOWOC AREA SCHOOL DISTRICT**

# FIELD TRIP REQUEST FOR APPROVAL FORM

This form is to be filled out by the faculty member in direct charge of a field trip and filed with the building principal at least three weeks in advance of the scheduled date of departure for elementary and middle school levels. At the high school level, this form should be submitted by September 15 for first semester field trips and February 15 for second semester field trips. **The bus contractor must be contacted on the school day before any trip to confirm details such as pick-up time, location, return time to school, etc.** Individual schools will determine who should contact the contractor for confirmation. Note: If a telephone reservation must be made with a bus contractor, only building principals/designee are authorized to reserve buses by phone. Health care plans and field trip back packs will need to be secured prior to departure.

**Caution:** To minimize the possibility of liability, teachers must follow the procedures for field trips as published and distributed to all staff members. Field trips planned for travel outside of the State of Wisconsin or the Chicago area must complete the “Application for Entitlement to Plan” form with all administrative signatures. If a personal car is used by the teacher or a responsible adult, a current ***Driver Information Form*** must be filed with the Director of Business Services.

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Class/Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Filed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Responsible (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date-Time-Place of

Departure and Loading Point\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date and Time leaving Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Time bus is expected to return to school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are special accommodations required for participants who have physical handicaps? Yes 🞎 No 🞎

If yes, please answer the following:

Give a brief description of the requested accommodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has money been budgeted to support the accommodation? Yes No

Please itemize the cost of the requested accommodation for the student to participate in this activity.

Approval for the accommodation must be signed by Principal & Director of Special Education:

Principal Signature \_\_\_\_\_\_\_\_\_ \_\_\_ Approved \_\_\_ Not Approved

Director of Special Education Signature \_\_\_\_\_\_\_\_\_ \_\_\_ Approved \_\_\_ Not Approved

**FIELD TRIP REQUEST FOR APPROVAL FORM**

## Page 2

5. Mode of Transportation - *Check one*

🞎 **Car** (List person/s driving) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Driver Forms must be on file with Director of Business Services.

🞎 **Bus** - *Check one*

🞎 Number of buses requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 UCP (wheelchair only)

How many wheelchairs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name of Chaperones \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name of Person responsible and trained to administer medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Number of Students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Adults \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Cost to each Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Transportation Meals Admission Other TOTAL

Cost to each Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Transportation Meals Admission Other TOTAL

10. Educational value (purpose) of the trip as compared to remaining in school. (Indicate the relationship of the proposed trip to specific objectives of the sponsoring organization:

|  |
| --- |
|  |
|  |
|  |

11. Proposed itinerary and activities associated with the trip (attach program if available):

|  |
| --- |
|  |
|  |
|  |

12. List teachers who will need substitutes:

|  |
| --- |
|  |
|  |
|  |

**ENDORSEMENTS SIGNATURE DATE APPROVED DISAPPROVED**

**Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Room Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Reason for disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NEW No. 352-Exhibit E

**OCONOMOWOC AREA SCHOOL DISTRICT**

**FIELD TRIP EVALUATION FORM**

(To be submitted to the building principal no later than one week following the conclusion of the field trip.)

1. To what extent was the field trip a learning process which effectively extends student understanding of concepts presented in the classroom?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

2. Did the trip have a significant impact on learning?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

3. Was the field trip setting safe and conducive to learning?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

4. Was information presented to students appropriate to their interests and learning needs?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

5. Would this field trip be of value to other groups of students?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW No. 352-Exhibit F

**OCONOMOWOC AREA SCHOOL DISTRICT**

**RELEASE - TRANSPORTATION OF STUDENTS**

Authorized individuals who drive students are required to completed this form in triplicate, have it signed by their building principal who will submit it to the Director of Business Services. Signed copies will be returned for your files.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Driver’s Name (print or type) |  | Date of Birth |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Driver’s Address |  | Phone Number |  |
|  |  |  |  |  |

1. I understand that I must submit to a physical examination in order to transport students, and I must have an additional physical every third year. In the case of school district employees, the district will pay up to $15 toward the cost of the examination.
2. I give my consent for the school district to check my driving record with the State of Wisconsin Department of Transportation to determine that I have not been convicted of violation of s.356.26 (reckless driving); s.346.63 (operating a motor vehicle under the influence of an intoxicant or a controlled substance); and/or any offenses listed under s.343.31 within the past two (2) years. The Director of Business Services of the Oconomowoc Area School District will verify requirements in this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Date of Verification |  | Signature of Director of Business Services |  |

1. I will not transport more than ten (10) persons, including the driver, on any field trips, extracurricular trips or excursions, or for any other school-related reason. I understand that I may not transport more persons than can be seated on permanently-mounted seats facing forward without interfering with the operator.
2. I have an active insurance policy covering the automobile which I will use for transporting the students. This policy is no less than $10,000 coverage for property damage, $25,000 coverage for bodily injury liability for each person and $50,000 of total coverage of each accident.
3. I understand that I must submit a copy of an inspection of my automobile for each year in compliance with s.110.075, Chapter 347, of the rules of the Wisconsin Department of Transportation.
4. I have a valid Wisconsin operator’s license and will submit the driver’s license number to the building principal as requested on the bottom of this form.

With my signature of this document, I understand and agree to the stipulations included in items one through six above. If, at any time, I am no longer in compliance with any or all of the above mentioned requirements, I will notify the building principal and will no longer transport students.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Principal’s Signature |  | Date |  | Driver’s Signature |  | Date |
|  |  |  |  |  | | |
|  |  |  |  | Driver’s License Number |  |  |

**Original:** Director of Business Services

**Copies to:** Driver (canary copy)

Principal (pink copy)

NEW No. 352-Exhibit G

**OCONOMOWOC AREA SCHOOL DISTRICT**

**CERTIFICATE OF VEHICLE INSPECTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Check on: | |  |
| V.I.N. |  |  |  |  |
| Owner’s Name |  |  |  |  |
| Manufacturer |  |  |  |  |
| Street Address |  |  |  |  |
| Model |  |  |  |  |
| City State Zip |  |  |  |  |

I certify that I have personally inspected the vehicle described above as indicated by the following checklist and, in my opinion, it is in such mechanical condition that its operation on public streets and highways will not jeopardize the safety of motorists, pedestrians or passengers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Fail |  | Pass |

Inspection X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Inspector Date

|  |
| --- |
|  |

**ODOMETER READING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISCELLANEOUS**

|  |
| --- |
|  |
|  |
|  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the owner of the vehicle and I understand that I am responsible for maintaining the vehicle in such mechanical condition that it complies with state law and its operation on public streets and highways will not jeopardize the safety of motorists, pedestrians, or passengers.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Owner Date

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **OK** | **NOT OK** |
| **HEADLAMPS**  Working |  |  |  |
| Dimmer **Switch** |  |  |  |
| **FRONT DIRECTIONAL LAMPS**  Working |  |  |  |
| **HORN**  Audible |  |  |  |
| **WINDSHIELD WIPERS**  Working |  |  |  |
| **BRAKES**  Pedal Reserve |  |  |  |
| Parking Brake |  |  |  |
| **SEAT BELTS**  Equipped & Working |  |  |  |
| **TAIL LAMPS**  Working |  |  |  |
| **REAR DIRECTIONAL LAMPS**  Working |  |  |  |
| **BACK UP LAMP**  Working |  |  |  |
| **EXHAUST & FUEL**  Adequate Exhaust |  |  |  |

NEW No. 352-Exhibit H

**OCONOMOWOC AREA SCHOOL DISTRICT**

**PHYSICAL EXAMINATION FORM**

**TRANSPORTATION OF STUDENTS**

**To be filled out by driver:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Driver’s Name (Print or Type)** |  | **Date** |
|  |  |  |
| **Driver’s Address** |  | **School Students Attend** |
|  |  |  |
| **City State Zip** |  |  |
|  |  |  |

**To be filled out by examining physician:**

I have examined the person whose name appears above on this form, and I have found that this person:

Check:

\_\_\_\_\_\_\_\_\_ Has sufficient use of both hands and feet to operate the footbrake and foot accelerator of an automobile.

\_\_\_\_\_\_\_\_\_ Is not afflicted with or suffering from mental or physical disability or disease such as to prevent this person from exercising reasonable control over a motor vehicle.

Signature of Physician: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW No. 352-Exhibit I

**OCONOMOWOC AREA SCHOOL DISTRICT**

**PARENT/LEGAL GUARDIAN EXTENDED TRAVEL WAIVER FOR TRIPS OUTSIDE OF THE CONTINENTAL UNITED STATES**

We, as parents or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Child)

grant our permission and consent for such child to participate in the excursion described as

|  |
| --- |
|  |
|  |
|  |
| (Description of Activity) |
|  |

to be held from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date)

(Date)

In granting and accepting such permission and consent, we specifically recognize that such consent and participation in the trip is voluntary and that failure to grant consent will in no way result in any impact on the grade of such child for failure to participate in the excursion to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Country)

In granting such permission and consent, we

1. Expressly recognize that this trip entails international travel and therefore, we accept and assume all responsibility and risks related to such travel.
2. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
3. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
4. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.
5. Expressly agree that we, the undersigned, waive and release all claims against the Oconomowoc Area School District, any tour organizer, accompanying teachers, chaperons, or arrangers employed on this trip, from any injury, loss, damage, accident, medical care, delay or expense regardless of its cause. We also release the School District and its agents, officials, and employees from any financial obligation incurred by use and agree to indemnify them with regard to any such liabilities that we or our child/ward may cause while participating in this trip.

We expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone) (Address-parent/guardian) (City) (State) (Zip)

**If you decline to grant your permission, please state your reason(s) and sign below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Signature of Parent or Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone) (Address-parent/guardian) (City) (State) (Zip)

NEW No. 352-Exhibit J

**OCONOMOWOC AREA SCHOOL DISTRICT**

**EXTENDED TRIP EVALUATION FORM**

(To be submitted to the Principal no later than one week following the conclusion of the excursion.)

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE FILED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER/ADVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSON RESPONSIBLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Pertinent activities that occurred during the trip: | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |
| 2. Awards or recognition received by the traveling group: | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |
| 3. Problems that occurred during the course of the trip: | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | | |
| 4. Value of the trip and suggestions for future trips of this kind: | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 5. Actual costs: |  |  |  |
|  | Cost to each student: |  | Cost to each adult: |
| Transportation |  |  |  |
| Meals |  |  |  |
| Administration |  |  |  |
| Other |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
|  | |  |  |
| Signature |  |  | Date |