

****Please attach a copy of your child's health insurance card (front and back) to this form.****

MHS SENIOR TRIP 2019
PERMISSION FORM

My **son/daughter**, _____, has my permission to attend the school-sponsored senior trip to Orlando, Florida, from Wednesday night, March 27th through Sunday, March 31st. I understand that my child is responsible for adhering to the rules and regulations of Mandeville High School and the St. Tammany Parish School Board. I also understand that **he/she** will be under the care and supervision of the administrators and chaperones from Mandeville High School.

I hereby release the administrators and chaperones, and the St. Tammany Parish School Board of liability to the extent whereby it can be proven in a properly convened court of law that any or all of the aforementioned are not negligent in the event of bodily injury.

The administrators and chaperones **have/do not have** my permission to give my child over-the-counter medications such as Advil, Tylenol, Benadryl or antacids, if necessary. I also **give/do not give** the administrators and chaperones permission to seek emergency medical care for my child, if necessary.

I understand that if my child does not abide by the rules or commits any serious violation, I will be notified by telephone, and my child will be sent home on the next available mode of transportation at my cost and will forfeit **his/her** right to participate in the graduation ceremony.

I understand that my child must have no outstanding balances at the time of the trip. I also understand that both my child and I must attend a mandatory informational meeting to discuss rules and procedures of the trip. **He/She** must be passing all required classes (including online and independent studies) and in position to meet the minimum graduation requirements before being allowed to attend the trip. **Refunds will NOT be issued after January 31, 2019, regardless of the circumstances.**

List any **prescription** medications below that your child may be taking on trip. (They must be in their original containers. If necessary, you may continue the list on the back of this form.) I **give/do not give** permission for my child to carry and self-administer these medications.

List any allergies or other medical conditions that your child has that the chaperones should be aware of. (If necessary, you may continue on the back of this form):

*By signing this document, I acknowledge that I have read, and agree to, the guidelines of this trip.

Parent's Contact # () _____ Student's Cell Phone # () _____

Parent's Signature _____ Date _____



SPECIAL RELEASE OF STUDENT INFORMATION CONSENT FORM

The collection and maintenance of a student’s personally identifiable information requires special care to ensure the privacy rights of students and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. The St. Tammany Parish School Board will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. St. Tammany Parish School Board will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated.

Your student has elected to participate in the 2019 Senior Trip to Walt Disney World Resort and Universal Orlando Resort. One of the requirements for this activity is that student information is requested as part of their participation. The following information about your student will be shared for rooming, ticketing, and informational purposes:

- Name and Gender

The information will be shared with the following entities:

- Walt Disney World Resort
- Universal Orlando Resort
- Parents, Guardians, and Students participating in the 2019 Mandeville High School Senior Trip

If you elect not to have your child’s name released, then the child may not attend the 2019 Senior Trip to the Walt Disney World Resort and Universal Orlando Resort.

I HEREBY CONSENT to the release and use by St. Tammany Parish School Board of my child’s personally identifiable information to any person or entity providing services to St. Tammany Parish School Board for this activity and who requires my child’s personally identifiable information in order to perform those services.

Signature of Parent/Legal Guardian & Date Child’s Full Name

Printed Name of Parent/Legal Guardian School Name

Subscribed before me, Notary Public, on _____ *Notary/Ball Roll Number* _____

Notary’s Printed Name _____ *Notary’s Signature* _____