



DeWitt Public Schools

Responsibility for Overnight Trips

It is a privilege for you to participate in District-sponsored trip to Oscoda. Because this trip is part of the District's educational program, it is imperative that you adhere to the Code of Conduct for overnight trips as well as the applicable provisions of the general Code of Conduct. You must remember that from the time of departure to your arrival home, you are the responsibility of the District.

I agree to:

1. refrain at all times from the consumption of alcoholic beverages and/or drugs unless said drugs are prescribed by a physician and dispensed by school personnel.
2. sleep in my assigned room and not entertain members of the opposite sex in my room, unless my room door is fully opened, and an adult chaperone is notified.
3. keep my assigned chaperone advised of my whereabouts at all times.
4. attend all mandatory activities and meal functions.
5. adhere to all established curfews.
6. conduct myself in such a manner as to bring pride to myself, my family, my school, and my community.
7. adhere to any established dress code.
8. comply, throughout the trip, with any and all instructions directed to me and/or the group by a chaperone or staff member.
9. comply, throughout the trip, with team rules set from the first day of practice.

If a problem arises that is serious enough in nature to warrant the below-named student's removal from the travel group, we (the student and parent/guardian) agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon return home in accordance with general District policies.

Student Printed Name

Student Signature

Date

Parent/Guardian Signature

Date



DeWitt Public Schools
Parent Consent for Trip

I, _____ (Parent's Name), permit my
child, _____, to participate in the trip to
_____ Oscoda _____. I understand that this trip is part of the District's educational program
and provides a learning experience of educational value to my child. I have participated in a parent
meeting where information was presented about cancellation insurance, student safety, timelines and
travel or other emergency procedures.

Parent Signature

Date



DeWitt Public Schools

Emergency Medical Authorization Permit

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized _____ Date _____
Parent/Guardian

Child's Name _____
(Last) (First) (Middle)

School DeWitt High School Grade _____ Coach Brace

Birth date _____ Sex _____ Telephone _____

Parent or Guardian Names _____

Home Address _____

Mother's Employment _____ Phone _____

Father's Employment _____ Phone _____

Doctor Preferred _____ Phone _____

Doctor's Address _____

Dentist Preferred _____ Phone _____

Dentist's Address _____

Insurance Company _____ I.D. No. _____

Important Medical Information

Allergies _____

Current Medications or Treatments _____

Previous Operations or Hospital Confinements _____