

Hull Public Schools
Bike to School Day 2024 Permission Form/Medical Information

Student's Name: _____ D.O.B. _____

Lillian M. Jacobs Elementary School

Grade: _____

Consent to Participate in Bike to School Day 2024:

I, _____ (parent/guardian) of _____ (student) do hereby consent to my child's participation in **Bike to School Day on Friday, May 31, 2024**. **To participate in this event, my child must be at one of the six approved starting locations (as listed in the Bike to School Day flyer) with his/her own bicycle and helmet, at the designated time. I am aware that my child will be riding his/her bicycle to school and taking their regular school bus home in the afternoon. Parents/guardians must pick up the bicycle and helmet at the Jacobs School by 6:00 p.m. the same day.** My child has my permission to participate in this voluntary field trip. I believe my child can successfully participate in all aspects of this trip. In case of emergency I realize that every effort will be made to contact me. I give permission to the Hull Public School District staff or chaperones to act on my behalf in the event that medical treatment is necessary.

Contact Person: _____ Relationship _____
Phone Number/Cell Phone _____

Contact Person: _____ Relationship _____
Phone Number/Cell Phone _____

Please specify any health conditions: _____

Allergies: _____

Does your child take medication on a daily basis? Yes ____ No ____

* If yes, name, dose, and scheduled time of medication(s) _____

As per the Hull Public School District Policy on Administering Medication to Students (JLCD) students may not carry any medication (prescription or non-prescription) on a field trip. If medication is necessary, school personnel must carry the medication and dispense it to the student. Written instructions signed by student's physician must be on file with the school.

Are there any restrictions on your child's activities? Yes ____ No ____

If yes, please specify and explain _____

Consent and Release:

I further affirm that I have read this Consent and Release Form and that I understand the contents of the form. I understand that my child's participation on this activity is voluntary and that my child and I are free to choose not to participate in said activity. By signing this form, I grant permission for school personnel to administer medication to my child as prescribed by their physician. I also affirm that I have decided to allow my child to

participate in the voluntary school-sponsored activity with full knowledge and acceptance of the provisions of this consent and release form. In signing this form I fully release the Hull School Committee and its officers, agents, and employees (hereafter referred to as “District”) from any liability in connection with those decisions and provisions:

- that the Hull Public School District Policy on medications will apply to a student who needs to be administered medication during this activity;
- that Hull Public School policies on student behavior and Student Handbook rules and regulations apply to all PK-12 field trips and activities;
- that the School Committee reserves the right to cancel an activity up to the activity date or to stop an activity in progress due to safety concerns or any other reason deemed appropriate by the School Committee;
- that a parent/guardian may lose any and/or all of the funds he/she/they have expended for the voluntary activity;
- the District shall be forever held harmless for remuneration of any and/or all costs associated with this voluntary activity; and
- the District will not be liable to anyone for personal injuries, property damage, or financial loss my child or I may suffer in voluntary Hull Public School District field trip programs and activities.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

The District does not discriminate in its programs, activities or employment practices based on race, color, national origin, religion, gender, sexual orientation or disability.

The Hull Public School District shall be held harmless from any claims, suits, liabilities, causes of action or responsibility of any type for any accidents, injuries or death connected with this policy. Parents/Guardians and students must sign the PARENT/STUDENT CONSENT RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT – File: BBC as presented in the Hull Public Schools Policy Manual.

Original Adoption: June 7, 2010
First Reading 2022 revision: September 12, 2022
Second Reading: September 26, 2022
Third Reading/Adoption: October 11, 2022
Proposed Reconsideration: October 2027

**HULL PUBLIC SCHOOLS
DELEGATION OF PRESCRIPTION MEDICATIONS**

Will your child need to take medication during this activity?

If **NO**, disregard this form.

If **YES**, please complete this form.

My son/daughter _____ will be participating in **Bike**
To School Day 2024 on May 31, 2024. The responsibility for administering his/her
prescriptive medication has been delegated to

_____.

Parent Signature

Date

School Nurse Signature

Responsible Person

Medicine: _____

Dosage: _____

Time for medication: _____

All medication must be in its original Rx container with the child's name on it.

*Original Adoption: November 22, 2004
First reading 2022 revision: September 12, 2022
Second reading: September 26, 2022
Third Reading/Adoption: October 11, 2022
Proposed reconsideration: October 2027*

Hull Public Schools

CONSENT OF PARENT/GUARDIAN/STUDENT

RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned student, or parent/guardian of _____, a minor,
(print student's name)

(hereinafter "the STUDENT") do hereby voluntarily consent to the STUDENT'S my/his/her/their participation in **Bike to School Day 2024**, (hereinafter "the ACTIVITY"), and in consideration of the STUDENT being permitted to participate in the ACTIVITY, I, on behalf of myself and the STUDENT, do covenant to forever release, indemnify, and agree to defend and hold harmless, The Town of Hull, including its employees and the former, current and future members of the Hull School Committee, from any and all claims of any nature for personal injuries, death, property damage and consequential damages which may be sustained by the STUDENT arising out of, resulting from, relating to, in any way connected to or in the course of voluntary participation in the ACTIVITY.

The indemnification, defense and hold harmless rights and obligations shall accrue immediately upon the utterance of a claim or complaint covered by this agreement, regardless of other claims simultaneously brought, and shall not be contingent upon the merits of such claim or questions of fact raised by this claim or complaint. This obligation will survive any termination of this approval.

I acknowledge that I am familiar with said activity, its requirements and risks, including that of possible injury to person or property or loss of life and represent that I (if non-minor STUDENT) and the STUDENT named herein are physically and mentally capable of engaging in said ACTIVITY and that participation in the ACTIVITY is voluntary and neither compelled or essential.

I understand and acknowledge that nothing contained herein is an explicit and specific assurance of safety or assistance.

Signature of Parent/Guardian
(required for all students)

Signature of Student
(required for all Hull High School students)

Printed Name of Parent/Guardian
(required for all students)

Printed Name of Student
(required for all Hull High School students)

Date: _____

Date: _____

Last Adopted: October 2017
First Reading 2022 revision: September 12, 2022
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