

Native Village of Eyak
Travel Permission Form

Please complete the pages with this information and send back via fax or mail.

Print Name(s) of Student(s)	Date of Birth	Grade	Age	Fee Paid

Parent(s)/Guardian name (First, Middle Initial, Last)	Address	Phone/Email/cell

EMERGENCY CONTACT INFORMATION – If Parent(s)/Guardian cannot be reached

Contact name & relationship	Address	Phone/Email

Parent/Guardian Approval

I give my permission for my child(ren) to attend and participate in all prescribed activities including special trips, unless otherwise noted. I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency.

Behavior & Drug and Alcohol Policies

- I understand and acknowledge that NVE Travel is a tobacco, drug and alcohol free environment with a zero tolerance policy. If my child(ren) is(are) found to be involved in the use, possession, sale, manufacture or transfer of tobacco, illegal drugs or alcohol while on NVE travel, I understand that he or she may be sent home from travel at the expense of the parent/guardian.

Authorization

I also give permission for my child(ren)'s photograph, name, and video image to be used by NVE.

Parent/Guardian Signature: _____ Date: _____

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GENERAL MEDICAL HISTORY, AUTHORIZATION & WAIVER

Student name	Date of birth
Family Physician's Name & Telephone Number	Family Health Insurance Co. Name & Policy Number
Allergies: list all food, drug, or other allergies (i.e., insect stings)	
Does the student need: glasses ____ inhaler ____ hearing aid ____ Other, please identify:	
Please describe special needs: i.e. Dietary, allergies, activity, help with, etc. Be specific. (use separate page if necessary)	
Limitations on Activities: list any activity or health limitations or restrictions:	
Medications: medications must be in original container and prescribed by a licensed physician. Provide NAME, DOSAGE, and DIRECTIONS (Use separate page if necessary)	
Please list any OTHER health concerns: (Use separate page if necessary)	
Immunizations: Please provide a valid up to date immunization certificate/record.	

AUTHORIZATION & LIABILITY WAIVER

This health history is true and accurate as far as I know, and my child (the Student) listed on this form has permission to engage in all NVE activities and trips, except as noted above. I understand that reasonable measures will be taken to safeguard the health and safety of the Student and that I will be notified as soon as possible in case of emergency. In case of sickness or accident, I hereby give my consent for emergency medical treatment as necessary under the circumstances. Should **medical attention** be required, I hereby assume responsibility for any expenses incurred.

On behalf of the Student and his/her heirs, successors, representatives and assigns, I hereby release The Native Village of Eyak, its employees, officers, volunteers and agents from any and all liability, loss, damage, costs, claims or causes of action including bodily injury, illness or death, or property damage which the Student incurs during travel to and from and/or participation in NVE Travel, excluding liability arising out of the willful negligence or intentional acts of The Native Village of Eyak. I further agree to defend, indemnify, and hold harmless The Native Village of Eyak and its officers, employees, volunteers, and agents from any and all claims, damages, losses, liabilities or expenses (including but not limited to reasonable legal, consulting and other fees) (the Claims and Liabilities) which may be asserted against, The Native Village of Eyak, its officers, employees, volunteers, and agents, and which arise out of or result from the Student's participation in The Native Village of Eyak; provided however that such obligation shall not apply to any Claims and Liabilities resulting from of the willful negligence or intentional acts of The Native Village of Eyak.

PARENT/GUARDIAN

SIGNATURE: _____ **Date:** _____