

Hull Public Schools
Bike to School Day 2023 Permission Form/Medical Information

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

School: L.M. Jacobs Elementary School Grade: _____

Consent to Participate in Bike to School Day 2023:

I, _____ (parent/guardian) of
 _____ student) do hereby consent to my child's
 participation in **Bike to School Day on Friday, May 26, 2023**. **To participate in this event,
 my child must be at _____ (one of the six approved
 starting locations 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 transportation home in the afternoon.
 Parents/guardians may pick up the bicycle and helmet at the Jacobs School between
 8:45-9:45am or 3-6pm the same day.** My child has my permission to participate in this
 voluntary event. I believe my child can successfully participate in all aspects of this event.
 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 _____

Primary Care Physician: _____ Phone # _____
 Health Insurance: _____ Policy # _____

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 event is voluntary and that my child and I are free to choose not to participate in said event. By signing

this form, I grant permission for school personnel to administer medication to my child as prescribed by his/her physician. I also affirm that I have decided to allow my child to participate in the voluntary event 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 event;
- that Hull Public School policies on student behavior and Student Handbook rules and regulations apply to all PK-12 events;
- that the School Committee reserves the right to cancel this event up to the departure date or to recall the event 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 event;
- the District shall be forever held harmless for remuneration of any and/or all costs associated with this voluntary event; 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 events.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

The District does not discriminate in its programs, activities or employment practices based on age, race, color, national origin, religion, gender, gender identity, sexual orientation, homelessness 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: November, 2009

First Reading: April 12, 2010

Second Reading: April 26, 2010

Adoption: June 7, 2010

Proposed Reconsideration: June, 2015

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 participation in
Bike to School Day on Friday, May 26, 2023,
(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: _____

Adoption: March 2015

First Reading 2014 revision: October 6, 2014

Second Reading: October 20, 2014

Third Reading/Adoption: March 23, 2015

Proposed Reconsideration: March 2020

Hull Public Schools