

BELLEVUE PUBLIC SCHOOLS

**HEALTH and ACCIDENT INSURANCE
PERMISSION TO TREAT
OFF-CAMPUS ACTIVITY TRIPS**

School policy requires that all students participating in off-campus activity trips be insured.

The undersigned parent/guardian verifies that the following student _____ is insured against injuries that might be incurred during participation in an off-campus activity trip and grants the coach/sponsor permission to have their child treated in case of injury.

Insurance Company

Insurance group and individual number

**HOLD HARMLESS AGREEMENT AND
OFF-CAMPUS ACTIVITY TRIPS**

The undersigned parent/guardian of _____ does hereby release, hold harmless, and indemnify the Bellevue Public School District and supervisors from any liability for injuries and/or property damage incurred by the above named student while participating in any off-campus activity trip.

(Please Print) Parent/ Guardian Name

Parent/Guardian Signature

Date

STATE OF NEBRASKA)
) ss.
COUNTY OF SARPY)

SUBSCRIBED AND SWORN to before me, a notary public, on this ____ day of _____, 20____.

Notary Public