

PERMISSION TO PARTICIPATE IN FIELD TRIP
CONSENT FOR EMERGENCY MEDICAL CARE

I, _____, am the parent/guardian of _____, a student at _____. I hereby give my permission for him/her to participate in a field trip to _____ on _____. This permission form has been signed only after understanding and considering the following:

I understand that the student is expected, and has been instructed by me, to do exactly what s/he is instructed to do by the trip supervisors.

I understand that the Board of Directors does not, or may not, carry any insurance relative to this trip or for injuries to the student. I represent that the student has insurance through my own insurance carrier.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation.

If any emergency medical procedures or treatments are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his, her or their discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the School, its Board of Directors, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian

Parent/Guardian

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Date: _____

Date: _____