University School

Permission to Attend Field Trip

and Acknowledgement of Risk and Consent for Treatment for Minor Field Trip Participants

Student Name:______________________________________________________________

Section 1 (To be completed by field trip leader)

Class/Grade: ___Senior Class of 2016____________________________
Field Trip Sponsor: ___Senior Week Parent Committee/University School___
Destination: ___Holston Center, Banner Elk, NC  28604____________
Date(s) and Times: Wednesday, May 25, 2016___Depart at 8 am and return approximately 6 pm___
Fees/Equipment/Supplies to be provided: __________________________________________
   -by participant: ___$20.00 payable to Buc Boosters, attn.: Senior Week
   Wear appropriate clothing for safety in activities such as closed toed shoes, long sleeves or swimwear_______________
   -by field trip leader: pay remainder of entrance/activity fees prior to trip, provide
   Washington County buses for transportation to and from Banner Elk, lunch included in fee_
*Physical Activities to be undertaken include:_optional activities include swimming, kayaking, canoeing, paint ball, ziplining, biking, hiking – water transport/bicycles and safety equipment provided by camp – _____________________________
*Risks inherent in this field trip include:_physical exposure related to outdoor activities, swimming, bus ride________________________

Section 2 (To be completed by parent or guardian of minor field trip participant)

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I represent that my minor child is physically able, with or without accommodation, to participate in this field trip, is able to use the equipment and/or supplies described above, and has obtained the required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that University School does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

The medical condition is ______________________________________________________
______________________________________________

Parents and students must recognize that all policies of University School are in effect during the trip just as if the students were in the classroom.

Parent/Guardian Name:_______________________________________________________
Parent/Guardian Phone Number:______________________________________________
Alternate Emergency Contact Name/Number:_____________________________________

Signature of Parent/Guardian Date