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: ______ Juniors and Seniors
Field Trip Sponsor: ______ Senior Week Parent Committee/University School
Destination: ______ Baser Center for Physical Activity

Date(s) and Times: Friday, May 27, 2016 ______ 11pm-6 am
Fees/Equipment/Supplies to be provided:
- by participant: $5.00 payable to Buc Boosters for Juniors only, attn.: Senior Week
- by field trip leader: pay remainder of entrance/activity fees prior to trip, refreshments throughout
  the night, all activities and equipment provided

*Physical Activities to be undertaken include: swimming, table tennis, foosball, Wii, indoor
  soccer, volleyball, basketball, racquetball, movies, board games by CPA and parents
*Risks inherent in this field trip include: physical exposure related to activities, swimming

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. For the safety purposes, students will be required to stay
for the entire event until 6am. No one will be allowed to leave the facility during the event.

Parent/Guardian Name: _________________________________________________________
Parent/Guardian Phone Number: _________________________________________________
Alternate Emergency Contact Name/Number: __________________________________________

_________________________ ________________
Signature of Parent/Guardian          Date