

# 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: 11<sup>th</sup> and 12<sup>th</sup> grade students

Field Trip Sponsor: Senior Parents

Destination: ETSU CPA

Field Trip Date(s) and Times: May 26<sup>th</sup> 10:00 pm to 5:00 am May 27<sup>th</sup>

Fees/Equipment/Supplies to be provided: Students will not be permitted to leave

-by participant: \$0.00 before 5:00 am.

-by field trip leader: \_\_\_\_\_

Physical Activities to be undertaken include: see attached flyer

Risks inherent in this field trip include: risks depending on activities the students choose to participate in. All activities are voluntary.

### 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 \_\_\_\_\_