

## 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

Wear appropriate clothing for safety in activities such as tennis shoes and swimwear

-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