



University School

*Permission to Attend Field Trip
And Acknowledgement of Risk and Consent for Treatment for Minor Trip Participants*

Student Name: _____

Section 1 (To be completed by field trip leader)

Class/Grade: 11th and 12th grade

Field Trip: Project Graduation

Sponsor: Dr. Troy Knechtel

Destination: Center for Physical Activity on the campus of ETSU

Date(s) and Time: Friday, June 1, from 10 pm to Saturday, June 2, 6 am

Fees/Equipment/Supplies to be provided:

- By participant: Pillow, sleeping bag, swimsuit, towel. **(No outside food or drinks allowed. All backpacks and bags will be checked) If the student is in 11th grade, \$10 is required.**
- By field trip leader: Food and drink
- Physical Activity to be undertaken include: Music, games, basketball, movies and swimming.
- Risks inherent in this field trip include: those associated with the above mentioned activities.

(University staff, including lifeguards, will be on premises and supporting the event.)

Section 2 (To be completed by parent/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 in my minor child has medical conditions about such 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