



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: 12th grade

Field Trip: Senior Picnic

Sponsor: Dr. Troy Knechtel

Destination: Second Harvest Food Bank and Metro Kiwanis Park

Date (s) and Time: Tuesday, May 29, from 8:15 am to 2:45 pm

Fees/Equipment/Supplies to be provided:

- By participant: sunscreen and/or hat, must wear closed-toe shoes
- By field trip leader: Lunch and drinks provided as well as transportation (school bus)
- Physical Activity to be undertaken include: Working at food bank warehouse which includes activities like sorting, lifting and carrying food.
- Risks inherent in this field trip include: those associated with being outside at a city park and handling canned or boxed food.

**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