

# University School

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

**Student Name:** \_\_\_\_\_

### Section 1 Permission Form and Money Due to Counseling Office July 20!!!!

Class/Grade: \_\_\_\_\_ Senior \_\_\_\_\_

Field Trip Sponsor: \_\_\_\_\_ Aleeta Shaw \_\_\_\_\_

Destination: \_\_\_\_\_ Roan Mountain State Park \_\_\_\_\_

Field Trip Date(s) and Times: \_\_\_\_\_ July 22, 2016 8:15am-4:00pm \_\_\_\_\_

Fees/Equipment/Supplies to be provided: \_\_\_\_\_ Transportation and Educational Speaker \_\_\_\_\_

-by participant: \_\_\_\_\_ \$6.00 field trip fee, bag lunch, pool/snack money, athletic or musical equipment, board games, playing cards, etc. \_\_\_\_\_

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

Physical Activities to be undertaken include: \_\_\_\_\_ possible hiking, swimming, sports \_\_\_\_\_

Risks inherent in this field trip include: \_\_\_\_\_ injury associated with athletic activity (athletic activities are optional) \_\_\_\_\_

### 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

