

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: _____

Field Trip Sponsor: _____

Destination: _____

Field Trip Date(s) and Times: _____

Fees/Equipment/Supplies to be provided:

-by participant: _____

-by field trip leader: _____

Physical Activities to be undertaken include: _____

Risks inherent in this field trip include: _____

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