

Please Complete and Return By: 3/16/18

The Academies Charter Management Organization

Parent Consent for Voluntary Field Trip and Emergency Medical Authorization

_____ has my permission to participate in the field trip to _____
(Student's Name)

St. Patrick's Day Parade From: 3 / 1 7 / 1 8 **Departure** 9:00 AM a.m. / p.m.

To: 3 / 1 7 / 1 8 **Return** 11:00AM a.m. / p.m.

Method of Transportation:

_____ Walking
_____ Private Auto
_____ Charter Bus
_____ Other _____

Lunch Accommodations:

_____ Student will be at school during lunch
_____ Student should bring a sack lunch (see below)
_____ Other _____

Parent(s)/Guardian(s):

It is necessary that parent(s)/guardian(s) specifically authorize their child to be included in this field trip. Although the school will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important to understand that the school, staff, and volunteers assume no liability whatsoever in case of injury, accident, illness, or death. In the case that private automobiles are utilized to transport students on field trips or excursions, the school will collect proof of liability insurance, however, Sycamore Valley Academy and volunteers assume no liability whatsoever in case of injury, accident, illness, or death.

I, _____, hereby waive all claims against The Academies CMO,
(Parent/Guardian)

its employees, volunteers, and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip of excursion.

Approval Signature (Parent /Guardian)

(Date)

Please mark one:

N/A My child will bring a lunch from home.

_____ My child will have a sack lunch from the cafeteria, charged to his/her account as on a typical school day.

Emergency Medical Information

Name of Student: _____

Name of Physician: _____ Physician Phone: _____

Name of Dentist: _____ Dentist Phone: _____

Name of Medical Insurance Company: _____

Group/Coverage Number: _____

Allergic to the Following: _____

Taking the following medication(s) at home: _____

List medications your student needs during the field trip:

1. _____ Time taken: _____

Dosage: _____

☐ Already in Health Office

☐ Parent will provide medication with Medication Consent Form (required for prescription and over the counter medications)

2. _____ Time taken: _____

Dosage: _____

☐ Already in Health Office

☐ Parent will provide medication with Medication Consent Form (required for prescription and over the counter medications)

3. _____ Time taken: _____

Dosage: _____

☐ Already in Health Office

☐ Parent will provide medication with Medication Consent Form (required for prescription and over the counter medications)

Special Instructions: _____

Emergency Medical Authorization

Should it be necessary for my child to receive emergency medical treatment while participating in this trip, I hereby authorize Sycamore Valley Academy staff to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by Sycamore Valley Academy staff to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that Sycamore Valley Academy does not provide student accident or medical insurance to cover the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. Sycamore Valley Academy has previously made information available to me regarding student insurance which can be obtained at my own expense.

(Emergency Contact)

(Address)

(Home Phone)

(Business Phone)

(Emergency Phone)

(Name of Parent/Guardian)

(Signature of Parent/Guardian)