



Field Study/Trip Parent Permission Form

The information below must be given to the appropriate teacher/advisor prior to the outing as designated by communication of the school.

ADVISOR: Jeannette Lambert GROUP: Seussical Jr.

DESTINATION: Seamus Glynn/Yorba Linda High School

DATE OF TRIP: February 1 - April 8, 2017

MODE OF TRANSPORTATION: On campus & parents provide to YLHS

I/we hereby request that _____ participate in the **Seussical Jr. program**.
Student Name (please print)

I/we give my/our consent and understand that supervision and/or transportation for this event will be provided by **parent(s)/guardian(s)** for YLHS and that all diocesan and school policies will be strictly adhered to. I/we agree to direct my son/daughter to cooperate and conform with the directives and instructions of the supervisory personnel in charge of the activity.

STUDENT MEDICAL RELEASE

I/we, the parent(s)/guardian(s) of the above named student, hereby, give my/our permission for his/her participation in the activity named above. I/we am/are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

Parent / Guardian Signature

Parent/Guardian Signature

(Home Address)

(City)

(Zip Code)

(Home Phone Number)

(Cell Phone Number)

(Work Phone Number)

(Date Signed)

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone Number _____

Allergies/Medical Problems/Disabilities: _____

Student Date of Birth: _____ Age: _____

Parents' Email Address(es): _____



Student Behavior Contract

In order to ensure that this program is a positive experience for all involved, I understand and agree to the following while I am participating in this travel experience:

1. During this production, I realize that I am a representative of the school. At all times, I will observe the school rules as a guideline for appropriate behavior.
2. I will cooperate and abide by the rules/guidelines of chaperones, Stagelight Production staff, and parent volunteers.
3. I will satisfactorily complete all study of lines associated with this program.
4. I understand that possession and/or use of alcoholic beverages, illegal drugs or tobacco is forbidden.
5. I will dress appropriately for all activities.
6. I will be expected to make restitution for any incurred damage to property or persons, at school or at Yorba Linda High School, accidental or otherwise.

I understand that if any of the above is jeopardized by my behavior, my parents will be notified and I will be at risk of being sent home immediately and denied permission to continue with activity.

Student Signature

Date

Parent(s)/Guardian(s) Signature

Date