BETH El RELIGIOUS SCHOOL FIELD TRIP

PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM (page 1 of 2)

FIELD TRIP INFORMATION:

I hereby give my permission for _____, who attends Beth El Religious School, to participate in a field trip to River Garden 11401 Old Saint Augustine Road Jacksonville, Florida 32258 (904) 260-1818 on Sunday, April 22, 2018 from 9:30AM to 12:30PM for the purpose of Mitzvah Day.

Staff contact: Vickie Kennedy, Education Director **Phone #:** 904-318-7204

Transportation for this activity will be provided by: FIRST STUDENT CHARTER BUS RENTAL

It is the Education Director's discretion whether or not to allow students to be transported via another means of transportation. If the student is transported via means other than arranged by the school, the parent releases Beth El-The Beaches Synagogue and staff from any and all liability that may arise as a result of this alternate means of transportation.

Food will be provided at/by: N/A

MEDICAL/EMERGENCY INFORMATION:

Student home phone #: _____ Date of birth: _____

Student's Address: _____

Physician: _____ Phone #: _____

Does the student have any medical or physical condition, medication information, or allergies which could interfere with the student's safety? ____ Yes ____ No

If yes, please describe:

_____

_____

PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM (page 2 of 2)

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: _____ **Relationship:** _____

Phone #: _____ **Alternate phone #:** _____

INFORMED CONSENT:

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there are potential risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school staff to obtain emergency care for my student, neither he/she nor the school assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program.

_____

Signature of parent/guardian **Date**

_____

Printed name of parent/guardian

Parent/Guardian Home Phone #: _____ **Cell Phone #:** _____