



Field Trip Parent Permission Form

I/We hereby request that our son _____ participate in the trip described below:
Advisor: Mr. Richard Mayfield Group: Servite Robotics Date of Trip: As Scheduled
Event: 2015-2016 Robotics Season Destination: See Attached Schedule Start-Return Times: As Scheduled

MODE OF TRANSPORTATION

<input type="checkbox"/>	Bus	
<input type="checkbox"/>	Plane	
<input checked="" type="checkbox"/>	Parent/Guardian	I accept full responsibility to transport my child to and from the event _____ (parent initial)
<input type="checkbox"/>	School Vehicle	I, the parent/guardian, agree to allow my son to travel in a school or private vehicle with the people
<input type="checkbox"/>	Private Vehicle	listed below: _____ (parent initial)
Name of Driver: _____		Name of Driver: _____
Name of Driver: _____		Name of Driver: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned hereby releases, waives, discharges, and covenants not to sue Servite High School, the school's officers, employees, board members and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in trip or during an activity sponsored by Servite High School.

The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High School.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while participating in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High School.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

RELEASE AND AUTHORIZATION FOR MEDICAL CARE

I/We, the parent(s) (guardian) of the above named student, hereby, give my/our permission for his participation in the activity above. I/We am/are not aware of any medical condition of my child which would prevent or limit his participation in the activity except those listed below.

I/We give my/our consent and understand that this trip is sponsored by Servite High School and that all students and chaperones are expected to abide by all Servite High School policies. I/We agree to direct my child to cooperate and conform with the directives and instructions of the supervisory personnel in charge of the 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 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.

If the above named student needs emergency treatment, he/she will be transported to nearest medical facility by school personnel, trainers or paramedics. Consent is hereby granted for such emergency treatment as maybe considered necessary in the opinion of the attending physician. Further, I understand that according to school policy all students must be covered by secondary insurance, (provided through the student body fee). The school does not assume responsibility for payment of a physician, hospital, medical or dental fees of any kind.

OVERNIGHT / EXTENDED TRAVEL

I/We understand that if this trip takes place over an extended period of time my son may reside with a host family. He will be under the care, discipline and direction of that household. Most activities will be of a supervised, group nature. I/We realize that this trip may also include periods of free time. During such periods, we give permission for our child to participate in activities that are not supervised by school officials or the host.

Parent/Guardian Signature: _____	Student Date of Birth: _____
Student Signature: _____	Insurance Company: _____
Parent Cell Phone: _____	Insurance Policy #: _____
Parent Business Phone: _____	Doctor's Name: _____
Parent Home Phone: _____	Doctor's Phone #: _____
Allergies/Medical Problems/Disabilities: _____	
Medications**: _____	
Emergency Contact & Phone: _____	

***Must be accompanied by the "Administration of Medication" form signed by parent/guardian and the student's physician*