



Field Trip Parent Permission Form

I/We hereby request that our son _____ participate in the trip described below:

Advisor: _____ Group: _____ Date of Trip: _____
Event: _____ Destination: _____ Start-Return Times: _____

MODE OF TRANSPORTATION

- ☐ Bus
☐ Plane
☐ Parent/Guardian I accept full responsibility to transport my child to and from the event _____ (parent initial)
☐ School Vehicle I, the parent/guardian, agree to allow my son to travel in a school or private vehicle with the
☐ Private Vehicle people 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 Signature: _____

Parent Cell Phone: _____

Parent Business Phone: _____

Parent Home Phone: _____

Allergies/Medical Problems/Disabilities: _____

Medications***: _____

Emergency Contact & Phone: _____

Student Date of Birth: _____

Insurance Company: _____

Insurance Policy #: _____

Doctor's Name: _____

Doctor's Phone #: _____



Servite High School

Student Transportation Permission Slip and Indemnification Form

To the Principal of Servite High School:

I, the undersigned parent/legal guardian of _____, a student at Servite High School, hereby give permission for my child to either drive a personal automobile or be driven off campus for a school sponsored event by _____.

Please check all acceptable methods of transportation for your son:

- ☐ My son has permission to ride in a school or commercial bus/car.
- ☐ My son has permission to walk to the activity site.
- ☐ My son has permission to ride with a school staff member or volunteer. *
- ☐ My son has permission to drive. *
- ☐ My son has permission to drive other students. *
- ☐ My son has permission to ride with a student driver. *
- ☐ My son has permission to only ride with these specific student drivers.
 - 1. _____ 2. _____
 - 3. _____ 4. _____
- ☐ My son does **NOT** have permission to ride with a student driver.
- ☐ My son does **NOT** have permission to drive other students.

To be completed if student will be driving a personal automobile:

- I hereby acknowledge that I believe my child, _____, to be a safe driver.
- The vehicle he will drive is, to the best of my knowledge, in safe operating condition.
- My child is presently covered by a no-fault car insurance policy, as required by California law, and I understand that such insurance will have primary coverage responsibility.

Name: _____ Address: _____

Driver's License Number: _____ Expiration date: _____

Phone Number: _____ Cell Phone Number: _____

INSURANCE INFORMATION:

Insurance Company: _____ Policy Number: _____

Expiration Date: _____ Liability Limits of Policy: _____

Name of Agent: _____ Business Number: _____

Waiver of liability to be signed by parent and student, 18 years of age or older:

I, the undersigned parent/or legal guardian & student, hereby release Servite High School and members thereof, its officers, employees, agents and volunteers as well as the driver of vehicle whether agent of Servite or student driver, from any and all claims I might have against them arising from or related to any automobile-related accident or injury to me/my son that may occur while I am driving a personal automobile or being driven by a fellow student, school staff member or volunteer in the circumstances described above.

I understand that if being driven by a student driver, Servite High School does not fingerprint students and does not take responsibility for assessing student driver's capability to drive in regard to DMV record and/or capability of driving other students under CA Driving Age Laws. It is my responsibility as a parent or student of 18 years of age to determine if it is safe to drive with a student driver.

I understand that if an accident occurs in a private vehicle, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Student Signature (if 18 or over)

Date

Parent or legal Guardian Signature



Administration of Medication

Field Trip

Medical treatment is the responsibility of the parent(s) and family physician. Medications, both prescription and over the counter, are rarely given at school: the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.

Servite High School policy allows personnel to assist students who are required to take medication during the school day in carrying out a physician's recommendation. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning. Designated non-medical school personnel may be administering your child's medication. Medication will be safely stored and locked or refrigerated if required.

Students may carry emergency medicine such as EpiPen or inhalers (only if authorized by physician, parent, and school nurse). A second EpiPen or inhaler must be kept at school for emergency use. We recommend that any student who has a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

If medication is to be administered at school or on a field trip, all of the following conditions must be met:

1. A written statement signed by the physician specifying the condition for which the medication is to be given, the name, dosage, time, route, and specific instructions for emergency treatment must be on file at school.
2. A signed request from the parent/guardian must be on file at school.
3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. A separate form is required for each medication.

Note: Please discuss your physician's instructions with your child, so that he is aware of the time medication is due at school. This request is valid for a maximum of one year. Whenever there is a change in medication, dose, time, or route, the parent(s) and physician must complete a new form.

PARENT REQUEST TO ADMINISTER PRESCRIPTION & NON-PRESCRIPTION MEDICATION

I request that medication be administered to my child, _____ in accordance with our physician's written instructions. I understand that non-medical school personnel may administer medication under the request of your physician. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary. Medication must be in the student's original, labeled pharmacy container. You may request two containers, one for school and one for home.

Student Name: _____ Cell Phone: _____
Parent/Guardian Signature: _____ Work Phone: _____
Date: _____ Home Phone: _____

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for Medication: _____
Medication: _____ Dose: _____ Route: _____ Time: _____
Possible reactions
(i.e. allergic): _____
Instructions Emergency Care: _____

DISPOSITION OF STUDENT FOLLOWING ADMINISTRATION OF MEDICATION

(circle one) Rest 15 minutes Home Doctor's Office Hospital
Physician's Signature: _____ Date of Request: _____
Physician Address: _____ Date to Discontinue: _____
Physician Office #: _____

SCHOOL USE

Designated Personnel: _____ Date Received: _____
Administrator: _____ Date: _____



Adult Release & Medical Form

Advisor: _____ Group: _____ Date of Trip: _____
 Event: _____ Destination: _____ Start-Return Times: _____

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RELEASE AND AUTHORIZATION FOR MEDICAL CARE

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

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



Servite High School 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 trip, I realize that I am a representative of the school. At all times, I will observe the rules of Servite High School as a guideline for appropriate behavior.
2. I will cooperate and abide by the rules/guidelines of chaperones, host families, groups and/or designated agencies.
3. I will satisfactorily complete all study, writing or work assignments 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 in the home, 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 unaccompanied at my parents/my own expense.

Student Signature:

Date:

Parent Signature:

Date:

Safety Rules and Procedures

Servite Robotics is supported by a full woodshop and machine shop. This “shop” is utilized to support the manufacture and construction of various parts and assemblies required to complete robotic projects. Servite Robotics uses a training and qualification program to ensure that any student who works in the shop is first trained, then tested in competency before becoming “qualified” to operate machinery. After a student is qualified to use a particular tool or machine, the student may do so only when an adult supervisor is present. The following are general safety rules and procedures which are in effect in the Servite Robotics Shop:

1. **Emergencies:** Immediately report any injuries, no matter how minor, to the Director of Safety AND the adult supervisor on duty
2. **Unsafe Conditions:** Immediately report any unsafe conditions to the adult supervisor on duty. Any tool that is unsafe must be immediately removed from service.
3. **Shop Conduct:**
 - a. Every student is responsible for maintaining a safe environment and must use their judgement to prevent injury to themselves or others.
 - b. Do not attempt to perform any act that you feel is unsafe or beyond your abilities. If you are uncomfortable, ask for help.
 - c. Keep the shop clean and uncluttered. Do not begin work if the shop is cluttered. Keep all exits and safety equipment clear of obstructions including doors, fire extinguishers, electrical panels, and switches.
 - d. Eye protection must be used at all times when in the shop or using any tools outside of the shop.
 - e. Proper clothing must be worn at all times. Closed-toe shoes are required at all times in the robotics facility. Loose clothing is prohibited. Jewelry or any hanging accessories should be removed prior to beginning work in the shop.
 - f. Gloves shall be worn when appropriate.
 - g. Never operate machinery unless all guards and safety devices are in place and in good working order.
 - h. Never use defective or broken equipment. Report all broken equipment to the adult supervisor on duty who will tag it as broken.
 - i. Always stay clear of people operating machinery. Do not attempt to talk to a person operating a machine.
 - j. Never work alone.
 - k. Horseplay, running, or any such behavior is prohibited in the shop. Violations of this rule will result in the immediate loss of shop privileges and any qualifications.
 - l. Only operate machinery which you are qualified to use. Qualification can be revoked at any time if student or adult leadership observes unsafe practices. If your qualification is revoked, you may not use the associated machinery until you have re-qualified.

I, _____, have read the above Safety Rules and Procedures and agree to abide by the entirety of these rules and procedures. I do not have any questions regarding the Safety Rules and Procedures.

Student Signature

Date

Parent Signature

Date

Student Name: _____

Shop Permission Form

Your child is participating in an educational program at Servite High School and will have the opportunity to learn how to use various hand tools, power tools, and fabrication equipment. The education program includes appropriate instruction in the safe and proper use of these tools. Precautions and procedures are in place to ensure the safety of all students at all time, but the nature of equipment carries an inherent level of risk.

Personal protective equipment including eye protection and hearing protection is utilized as required by law. We ask for your support in reinforcing these safety precautions and ask you to discuss the importance of safety and following established procedures with your children. If you have any questions regarding the program, please feel free to contact and arrange a meeting with the Robotics Director:

Mr. Evan Smith
jetengr@gmail.com
esmith@servitehs.org

Parent/Guardian Permission

Initials

_____ I have read this form and understand the type of program in which my child is enrolled and the inherent risks associated. I give my permission for my child to participate in shop activities and understand the inherent risk.

_____ I have reviewed the attached Safety Rules and Procedures with my student. I will discuss and reinforce the safety aspects of the program with my child.

_____ My student has permission to participate in Advanced Shop. This includes instruction in Welding, Milling, and Turning.

Parent/Guardian Signature

Date

Student Agreement

Initials

_____ I have reviewed the attached Safety Rules and Procedures and agree to observe and obey them.

_____ I agree to always wear proper Personal Protective Equipment while in the shop.

_____ I understand that violations of Safety Rules and Procedures may result in suspension of shop privileges.

_____ I understand that willfully breaching Safety Rules and Procedures will result in permanent loss of shop privileges.

Student Signature

Date

Continued on Reverse...

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in **Shop Activities**, I, for myself, my heirs, personal representative or assigns, do hereby release, waive, and discharge **Servite High School**, its officers, employees, and agents from liability from any and all claims including the negligence of **Servite High School**, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in **Shop Activities**.

Assumption of Risks: Participation in **Shop Activities** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

_____ I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in **Shop Activities**. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to **INDEMNIFY AND HOLD** Servite High School **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Shop Activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks 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.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, I fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____ Signature of Student	_____ Print Name of Student	_____ Date	_____ Age (if Minor)
_____ Signature of Parent/Guardian	_____ Print Name of Parent/Guardian	_____ Date	