

FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

NAME OF SCHOOL: _____

I hereby give my permission for my child _____ to participate in the Real Talk Day of Action field trip as a part of his/her regular school program on February 24th 2020.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip and that all student handbook policies apply. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parents' expense. **All students must ride the school bus and/or school vehicles. Students may ride with parents other than their own only if proper documentation is on file at the administration office. Students may not ride home with other students.**

I, the undersigned, hereby release and discharge the Real Talk Coalition for Education Equity, and _____ School District, their officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgements of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any other person or entity may have against the District, because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

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

Signature of Parent or guardian

Date

Address

Phone

Signature of Student

Date

Insurance Company

Policy #

Known Allergies

Medication(s)