



# Field Trip Permission Form

Please complete this form that will accompany your child on the field trip. This information is necessary in case we need to contact you while your child/children are away on the field trip. In your absence, this consent authorizes medical treatment of your minor child. This authorization covers the times when your child is involved in Athletics, Camporee's, Olympics, Adventist Youth Society, Pathfinder/Adventurer, Little Lamb, Eager Beaver or Youth Federations, Youth Congress, Youth Camp or any activities related to the following. Further it releases Allegheny West Conference from responsibility for any and all personal injury or damage incurred while traveling to or from, or participating in any Athletic, Olympic, Adventist Youth Society, Pathfinder/Adventurer Event or Field Trip, Youth Federation, Youth Camp or Youth Congress activities or Youth Event sponsored by the Allegheny West Conference of Seventh-day Adventist. No student will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the field trip leader on the trip.

Permission is granted for:

\_\_\_\_\_ (Name of Student) PLEASE PRINT

to take a trip to \_\_\_\_\_ /Traveling by: \_\_\_\_\_  
on this date and time : \_\_\_\_\_. And will return on this date and time:  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Please provide the information requested below, as it may be needed in case of emergency.

Student's Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_

Conditions requiring special consideration (medical/physical): \_\_\_\_\_

Does your student require: (A) **Epipen** Yes  No  (B) **Inhaler** Yes  No  (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): \_\_\_\_\_

Please be sure to speak to a nurse or medical personnel before the field trip: \_\_\_\_\_ [DATE] regarding any medications or special needs your student may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE SCHOOL TRIP LEADER/NURSE ON THE DAY OF THE TRIP. CONTACT INFORMATION FOR DAY OF FIELD TRIP ONLY:

Primary contact name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone/Pager #: \_\_\_\_\_

Secondary contact name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone/Pager #: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_

Phone #: \_\_\_\_\_

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

### HEALTH INSURANCE INFORMATION:

Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

(PLEASE PRINT)

Parent/Guardian Signature: \_\_\_\_\_

**LIABILITY WAIVER AND RELEASE FORM**

**For A (MINOR CHILD) THIS IS A RELEASE OF LEGAL RIGHTS — PLEASE READ AND UNDERSTAND BEFORE SIGNING**

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_, a minor child under the age of eighteen years, and I consent to his/her participation in \_\_\_\_\_ activities on this field trip to: \_\_\_\_\_ located at:

\_\_\_\_\_ and operated and maintained by: \_\_\_\_\_ I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of (1) said minor child's participation in activities at the:

\_\_\_\_\_ .  
I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she has the required skills, qualifications, training and physical conditioning. I understand that the Allegheny West Conference of

Seventh-day Adventist and (please put church name here: \_\_\_\_\_ shall have no responsibility to pay for

medical treatment and related costs if said minor child is injured. I further understand and knowing of the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's participation in above mentioned activities. To the fullest extent allowed by law, I hold harmless and agree to indemnify Allegheny West Conference of Seventh-day Adventist, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in recreational and learning activities resulting from any cause whatsoever, and regardless of fault. I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Ohio (excluding its conflict of laws principles).

Parent or Guardian Name: \_\_\_\_\_ (Please write clearly)

Parent or Guardian Name: \_\_\_\_\_ (Please write clearly)

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_