

## American Heritage School Field Trip Participant Authorization and Release

Field Trip/Activity Description: \_\_\_\_\_

Student's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Other Participant Name (participating as a chaperone or other adult) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does the participant have any of the following:

Special Diet \_\_\_\_\_ Allergies \_\_\_\_\_ Medication \_\_\_\_\_ Chronic/Recurring Illness \_\_\_\_\_

Physical conditions that limit activity \_\_\_\_\_ Surgery or serious illness in last year \_\_\_\_\_

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I grant permission for my child to participate in the activity listed above and authorize the responsible supervising adults to administer emergency treatment to the above-named participant(s) for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

In addition, I hereby release American Heritage School, its agents and employees, including chaperones, from liability for claims arising out of my child's (or, if applicable, my) participation in this activity. The School, its agents and employees, and chaperones commit to exert due care and reasonable caution on behalf of the safety of all participants.

Parent (or Adult Participant) Signature \_\_\_\_\_ Date \_\_\_\_\_