



Field Trip Activity Participation Form

Medical Liability Release

I, the undersigned _____ Parent or Legal Guardian of
(Parent/Legal Guardian)

(Student)

(Student)

(Student)

_____,
(Student)

the named student/ students attending Diegueño Country School, agree that:

1. The above named student (s) has/have my permission to participate in all educational field trips during my child's tenure at Diegueño Country School. I understand that I will be notified in writing in advance of the dates and locations of these field trips.
2. I agree to release Diegueño Country School and its representatives from any claim for personal injury or damages resulting from my student's participation in field trip activities.
3. I understand the activity and give my permission for my child's participation.
4. I give permission for my child to travel by means of school or parent volunteer transportation.
5. In the event of an emergency or medical need, I give permission for medical treatment. I release the following information about my child:

a. Physical problems or limitations: _____

b. Current medication/s: _____

c. Allergies: _____

d. Name and phone # of physician: _____

e. Name and phone #'s where I can be reached: _____

6. The above named student is covered by medical/liability insurance: _____

7. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT DIEGUEÑO COUNTRY SCHOOL IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF AN EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Legal Guardian Signature)

(Date)