Extended Travel Parent Permission Form

SCHOOL:	**Santa Margarita Catholic High School**
ADVISOR:	**Chris DeVera**
SPONSORING PROGRAM:	**Campus Ministry**
GROUP:	**SM Junior Students**
TRIP DESTINATION:	**Junior Retreat @ Mission San Luis Rey in Oceanside**
DATE OF TRIP:	**09/02/2026 through 09/04/2026**
START TIME:	**3:00 PM on 09/02/2026**
RETURN TIME:	**2:30 PM on 09/04/2026**
MODE OF TRANSPORTATION:	**Bus**

I/we, the undersigned, request that my son/daughter be allowed to participate in the above school sponsored excursion. I/we agree to abide by all of the terms as described in this document.

1. **Educational Purpose of the Trip.**
   The experience of travel, education and sport in another region presents the student with a new experience and seeks to foster new development, understanding and appreciation for regional differences. This program seeks to broaden the horizons of young people and give them better perspective on and insight into their own life experience.

   I/we understand that student participants in this program will be accompanied by **Chris DeVera**, a school appointed chaperone who will act as program coordinator. I/we agree to accept the authority of this individual. The student will afford appropriate respect, cooperation and obedience to the assigned individual.

2. **Rules and Regulations**
   I/we understand that my/our son/daughter will abide by the rules and regulations as set forth in this document, and will recognize his/her responsibility to the school, all who host him/her in the course of travel, and the other members traveling in the group. If there is a breach in this agreement, the student will be sent home unaccompanied at the expense of the parent(s)/guardian(s).

3. **Unsupervised Time (Secondary School only)**
   I/we understand that if this trip takes place over an extended period of time my son/daughter may reside with a host family. He/she will be under the care, discipline and direction of that household. *Most activities* will be of a group nature (supervised by host family parents or by a chaperone from school staff.) I/we realize that this trip may also include assigned periods of free time. During such periods, we give permission for our son/daughter to participate in recreational activities which are not supervised by school officials or by the host family.

4. **Photography**
   I hereby grant the school permission to use photographs, videotapes or movies of the participant taken in connection with this program.

5. **Authorization for Medical Care**
   If, in the opinion of the faculty chaperone (and/or host family), the participant should be in need of medical/hospital consultation or treatment at any time, I/we hereby authorize such consultation to treatment as is deemed necessary.

Student Medical Release

_____
(Student's Name - PLEASE PRINT)

I/we, the parent(s)/guardian(s) of the above named student, hereby, give my/our permission for his/her participation in the activity named above. I/we am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such 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.

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I/we agree that in the event my child is injured as a result of his/her 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.

_____ _____

Parent/Guardian Signature **Parent/Guardian Signature**

_____

(Home Address) **(City)** **(Zip Code)**

_____

(Home Phone Number) (Cell Phone Number) (Work Phone Number) **(Date Signed)**

Insurance Company _____ **Policy Number** _____

Doctor's Name _____ **Phone Number** _____

Allergies/Medical Problems/Disabilities: _____

Student Date of Birth: _____ **Age:** _____

Parent(s) Email Address(es): _____

Permission, Waiver, Release & Indemnity Agreement

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In consideration of the student named below (the "Student") being permitted to participate in the field trip to **Junior Retreat @ Mission San Luis Rey in Oceanside** (the "Field Trip"), the undersigned, parent(s) or legal guardian(s) of the Student, hereby agree(s) to the following terms and conditions set forth below:

1. **Participation:** Permission is granted for the Student to participate in the Field Trip with the understanding that the Student is not mandated to attend this field trip. I/We understand and acknowledge that certain risks are inherent in this type of excursion and I/we assume liability and responsibility for any such risks associated with participation in the activity.

2. **Expectations:** I/We understand and acknowledge that the Student is expected to abide by all school regulations during the course of the activity. I/We agree to direct the Student to cooperate with the directions and instructions of the supervisory personnel in charge of the Field Trip.

3. **Hold Harmless:** I/We acknowledge that, as a condition of the Student's participation in this activity, I/we hold harmless and waive any and all claims against Santa Margarita Catholic High School, the School District, the Diocese, its officers, employees, agents, and volunteers, including, but not limited to, claims arising out of any ordinary negligence of any officer, employee, agent, student or volunteer of the School, or any loss (financial or otherwise) or damage to personal property occurring during or by reason of the Student participating in this activity.

4. **Release from Third-Party Liability:** I/We understand that Santa Margarita Catholic High School is not an agent of, and has no responsibility for, any third party including without limitation any sponsor or program that may provide any services, equipment, training or activities associated with the above-mentioned activity. Accordingly, I/We acknowledge and understand that Santa Margarita Catholic High School is not responsible to me for any issues that may arise from cancellations, force majeure, or any incidents related to any money paid to Santa Margarita Catholic High School or to any Third-Party as part of the contemplated activities. I/We bear the risk of all costs involved in these activities and forever release Santa Margarita Catholic High School.

5. **Indemnification:** As a condition of the Student's participation in this Field Trip, I/We indemnify Santa Margarita Catholic High School for all claims resulting from the Student's participation in the activity including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property.

6. **Medical Care:** I/We consent to any of the staff, employees, agents and representatives of Santa Margarita Catholic High School administering or consenting to the administration of such emergency medical care to the Student as such person deems appropriate in the circumstances, and hereby authorize medical treatment in case of emergency.

7. **Medical Insurance:** I/We understand and acknowledge that Santa Margarita Catholic High School does not carry or maintain health, medical, or disability insurance coverage for the Student and therefore agrees to assume the responsibility for such insurance coverage on the Student.

8. **Medical Conditions:** I/We agree to provide to Santa Margarita Catholic High School current information concerning any medical or physical conditions, including, but not limited to, allergies, asthma, and medications, of the Student, and names and phone numbers for emergency contact.

Permission, Waiver, Release & Indemnity Agreement

9. **COVID-19:** I/We understand that COVID-19 is a contagious and ongoing virus that students may be exposed to as part of any activity or trip. Knowing this risk, I/We choose to participate in the contemplated activities and to bear all risks associated with potential exposure and injuries that may arise from a COVID-19 exposure. I/We understand that Santa Margarita Catholic High School is not responsible for protecting students from COVID-19 and I/We release Santa Margarita Catholic High School from any and all liability that may be associated with student exposure and injuries resulting from a COVID-19 exposure.

10. **Severability:** If any provision of this agreement is held invalid or unenforceable, the remainder of this agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

11. **Voluntary Agreement:** The Student and parent(s)/guardian(s) acknowledge that they have read the "Permission, Waiver, Release and Indemnity Agreement" and are aware of the legal consequences of signing this binding document. My Signature below indicates that I have read and freely signed this agreement. I further certify that I am legally competent to sign this agreement.

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

Name of Student: _____
(Print Name)

Student Signature: _____ **Date:** _____

Name of Parent/Guardian: _____
(Print Name)

Parent/Guardian Signature: _____ **Date:** _____

Name of Parent/Guardian: _____
(Print Name)

Parent/Guardian Signature: _____ **Date:** _____

Student Behavior Contract



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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 my home 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, tobacco products, e-cigarettes, vaping, and other nicotine delivery systems are 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 Name ***(please print clearly)***

_____ _____

Student Signature **Date**

_____ _____

Parent(s)/Guardian(s) Signature **Date**

Santa Margarita Catholic High School Nurse's Office
Office (949) 766-6029 Fax (949) 766-6005 deptofnursing@smhs.org

To: Field Trip/Retreat Leaders
Re: Student Medication Procedure for Field Trips/Retreats

- **Students are not allowed to carry or store medicine of any kind while on daytime or overnight field trips/retreats.** All medication will be kept with field trip/retreat leader and administered by staff.

- **Parents should only send medication that is necessary for their students**. Field trip/retreat leaders are responsible for all medication administration, and this can become a very time-consuming task. Encourage parents to leave vitamins, supplements and "just in case" medications at home.

- **The Nurse's Office will provide retreat leaders with Advil, Tums**, **Tylenol, Midol, Claritin, and Sinus Decongestant for students**. Parental consent was provided for these medications when the student was registered for SMCHS. Depending on the retreat location, the retreat leader may offer authorization forms to administer *Dramamine* to prevent motion sickness. Notify the Nurse's office before the parent meeting, if you plan to do this.

- **Make sure the parents and students know that all medication is administered at mealtimes and bedtime and it is the student's responsibility to go to the retreat/trip leader for their medication.**

Does a parent need to submit a *Diocese Medication Administration Form?*

https://www.smhs.org/uploaded/Campus_Life/Photos/Diocese_Medication_Authorization.pdf

The form can also be found at: smhs.org - Parents - Nurses & Health Services - Resources & Forms

- A form is not required for students to take Advil, Tums, Tylenol, Midol, Claritin, and a Sinus Decongestant. Parental consent was provided for these medications when the student was registered for SMCHS.

- For all other **Over-the-counter medications,** the parent is required to complete and sign the form. A physician's signature is **not** needed.

- For **Prescription medications,** the parent and licensed authorized physician/dentist are required to complete and sign the form.

- If the student currently has a *Diocese Medication Administration Form* with medication stored in the SMCHS Nurse's Office, the parent must notify the Nurse's Office 24 hours prior to departure, and the form and medication will be sent on retreat.

Medication for Field Trips/Retreats

- Medication will only be accepted in the original, pharmacy-labeled container or a sealed over-the-counter container labeled with the student's name. Pill boxes with medication are not allowed. Parents should only send enough medication to get through the trip plus a little extra.

- Medication and signed forms must be delivered to the Nurse's Office at least 24 hours prior to departure.

Inhalers, Insulin & EpiPens

Students with **asthma or life-threatening allergies** may carry an inhaler or EpiPen. A *Diocese Medication Administration Form* should be filed in the Nurse's Office. Students with **diabetes** will have a copy of their ***Individual Diabetes Plan*** given to the leader. Parents should send enough diabetic supplies and snacks for the length of their student's stay.

Emergency Contact Information:

(Please print legibly)

_____

(Home Address) *(City)* *(Zip Code)*

(___)_____ (___)_____ (___)_____

(Mom's Cell) *(Dad's Cell)* *(Work)*

_____

(Parent's Email Address)

If you cannot be reached contact:

_____

(___)_____ _____

(Phone Number) *(Email Address)*

Emergency Medical Information:

(Please print legibly)

Medical Insurance Company: _____

Policy Number: _____

Doctor's Name: _____

(___)_____ _____

(Phone Number) *(Email Address)*

Allergies/Medical Problems/Disabilities:

_____

_____

_____

_____

_____

Student's Date of Birth: _____

Student's Gender: *(Please circle one)* *MALE* or *FEMALE*

Questions, Comments, or Concerns:

_____

_____

_____

_____

_____

SMCHS JUNIOR RETREAT PERMISSION FORM

(Please circle one) – STUDENT PARTICIPANT or *STUDENT LEADER*

Event: Junior Retreat
Staff: Patrick Visconti

Department: Campus Ministry

Destination: Mission San Luis Rey Retreat Center – Oceanside, CA

Transportation: Charter Bus

Departure Time: 3:00PM

Return Time: 4:00 PM

Retreat Dates: _____

(*Please write desired retreat and dates found on retreat website*) **Dress Attire:** 3 days and 2 nights of casual MODEST clothing

Student Medical Release Agreement:

I hereby request that _____ participate in the trip to Mission San Luis Rey Retreat Center.
(Students Name)

I, the parent (guardian) of the above named student, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I also hereby give my consent to the school personnel at this activity to supervise and/or transport my child as needed. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my child to have medical treatment (including dental or hospital treatment) on this trip, I hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree that in the event my child is injured as a result of his/her 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 mine and/or of my spouse.

_____ _____

Parent/Guardian's Name {Print} ***Parent/Guardian's {Signature}***

_____

Student's {Signature}

Behavioral Contract

(Please initial upon reading each item.)

_____I agree to follow all rules and directions of the bus driver, adult chaperones & retreat leadership team.

_____I agree not to bring drugs, alcohol, cigarettes, vapes of any kind, chewing tobacco, or any other illegal items on retreat.

_____I agree not to bring stink bombs, firecrackers, matches, lighters or any and all other types of explosive, flame producing object, or weapon on retreat. I also will not use anything as a weapon.

_____I agree not to bring personal laptops, iPads or tablets of any kind, Airpods or other headphones, video games of any kind & anything else that might distract myself, my fellow retreatants, and/or the retreat leadership team from experiencing the retreat to the fullest.

_____I understand that all luggage/personal items that I am taking on retreat will be evaluated by our school's drug canine team prior to departure, in order to ensure no illegal or banned substances are being brought on the retreat. If any of these items are found within my belongings, I understand that I will not be eligible to attend the retreat & that all items will be turned over to the Dean's Office.

_____I agree to turn over my cell phone to the Retreat Leadership Team as I exit the bus at the retreat center, in order to allow me the opportunity to fully enter into the retreat experience.

_____I understand that all cabin areas, luggage & personal items are subject to search by the retreat leadership team at any time while on retreat. If any illegal or banned items are found in my possession, I understand that a parent or guardian will be contacted to pick me up from the retreat & that all items will be turned over to the Dean's Office.

_____I agree to no romance of any form or sexual misconduct on this retreat.

_____I agree to respect the separation and privacy of the dorms: **girls are only allowed in the girl's dorms and boys are only allowed in the boy's dorms.**

_____I agree not to use profane language or inappropriate gestures while on retreat.

_____I agree to be back to the designated meeting place on time from any free time and all breaks.

_____At bedtime, I understand that I will have a limited amount of time to prepare for bed; then lights will be turned off and I will be expected to be silent and to go to sleep.

_____I agree not to go outside the dorms at night after bedtime.

_____I agree to stay in my dorm until breakfast or the wake up bell in the morning is rung.

_____I agree to have a fun and respectful attitude and participate fully in all activities and events.

I understand and agree to these rules and guidelines. I also understand and acknowledge that if the retreat leadership believes my behavior warrants me being sent home, I will be sent home and my parents will be held financially responsible for my transportation and the cost of any damages caused by my inappropriate behavior.

_____	_____	_____
Student's {Signature}	***Student {Initials}***	***Date***
_____		_____
Parent/Guardian's Signature		***Date***