

Field Trip Authorization Form for Parents

Return Complete Form to: _____ by: _____

Date of Field Trip: _____ Location: _____

Transportation: _____ Supervising Employee: _____

Student Name: _____ Date of Birth: _____

Student Address: _____ City: _____ Zip: _____

I hereby request that JSerra Catholic High School ("JSerra") permit my son/daughter identified above to participate in the foregoing activity. I am aware that there are certain risks associated with such participation. I hereby knowingly and voluntarily assume full responsibility for any and all such risks (including risks of bodily injury, personal injury, death, or property damage). I acknowledge that my student has no emotional or physical condition, which would cause him or her to be a danger to themselves or others, and that may impede the success of the trip. My son/daughter is covered by medical health insurance sufficient to provide for any medical costs that may be incurred, and in any event, I agree to be fully responsible for such costs.

Moreover, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, individually and on behalf of my minor child and minor child's heirs, representatives, and assigns, hereby knowingly and voluntarily: (i) release, waive, and discharge JSerra, and each of its officers, directors, employees, agents, volunteers, and representatives ("Releasees"), of and from any and all liability, claims, demands, causes of action, losses, damages, costs (including attorney's fees and court costs) and expenses relating to or arising from such participation and sustained as a result of the negligence of JSerra (hereinafter referred to as "Losses"); and (ii) agree to indemnify and hold harmless the Releasees from all Losses. I further expressly agree, individually and on behalf of my minor child and minor child's heirs, representatives, and assigns, that this release and waiver, indemnity agreement, and assumption of risk are intended to be as broad and inclusive as permitted by California law.

I hereby authorize JSerra personnel, as agent for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and render under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Provisions Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care, which the aforementioned physician, in exercise of his best judgment, may deem advisable.

Student Behavior Contract

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:

- I realize that I am a representative of the school. At all times, I will observe all school rules and will cooperate and abide by the rules/guidelines of chaperones, host families, groups, and designated agencies.
- I will satisfactorily complete all study, writing, or work assignments associated with this program.
- I understand that possession and/or use of alcoholic beverages, illegal drugs, or tobacco is forbidden and is also ground to be sent home at parent/guardian's expense.
- I will dress appropriately for all activities.
- I will make restitution for any incurred damage to property or persons, at school or in the home, accidental or otherwise.
- I understand that I will not be in a hotel room with a member(s) of the opposite sex. Inappropriate behavior of a sexual nature is also grounds to be sent home at parent/guardian's expense.

If I fail to comply with the items listed above, the trip organizer will notify my parents, and I will be at risk of being sent home immediately and unaccompanied at my parent's/my own expense.

Parent/Guardian Signature: _____ Date: _____

Parent Name: _____ Phone: _____

Field Trip Medical Release Form

Return Completed Form to: _____ by: _____ Date of Field Trip: _____

Parent/Guardian request for the administration of medication prescription & non-prescription

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain or improve his/her potential for education and learning.

I request that medication be administered to my child _____, in accordance with our physician's written instructions. I understand that designated school personnel will administer the medication. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

I have authorized my son/daughter to be administered the following medications (check all that apply)

Advil: _____ Tylenol: _____ Tums: _____ Claritin: _____ Benadryl: _____ Tums: _____ Triple Antibiotic Cream: _____ Eye Wash: _____

Parent Name: _____ Phone: _____

Complete the section below only if your child will need prescribed medication at any point during the field trip.

Physician Request for Administration of Medication

Diagnosis/reason for Medication: _____

*Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses _____ per day

Possible reactions: (possible serious reactions with this medication i.e.: allergic reactions, localized, general, etc.)

Instructions for emergency care: _____

The above medication will be scheduled for school hours, day and overnight field trips. This medication may be administered by school personnel.

Office Stamp

*Physicians Printed Name: _____

*Physician's Signature: _____

*Date of request: _____ Date to discontinue medication: _____

Emergency medication such as inhaler/epi-pen may be carried by student: _____

Physician's initials

Teacher Approval Form

Required Form for Overnight Retreats

Dates of Field Trip: _____ Location: _____

Supervising Employee: _____

Student Name: _____ Grade Level: _____

I would like to attend an overnight field trip, with _____. I understand that class time is crucial and I am committed to making up any missed tests and quizzes in a timely manner.

Please sign below indicating that we have discussed this absence and whether you approve or not.

This form is at the same time as the *Field Trip Authorization for Parents* on the due date required by the supervising employee. _____ Phone: _____

Period 1: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Period 2: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Period 3: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Mentoring: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Period 4: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Period 5: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Period 6: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____

Period 7: _____ Approved _____ Not Approved

Teacher Name: _____ Teacher Signature: _____