Extended Travel Parent Permission Form

SCHOOL:	**Santa Margarita Catholic High School**
ADVISOR:	**Deana Occhipinti**
SPONSORING PROGRAM:	**Activities**
GROUP:	**SM Eagle Pack**
TRIP DESTINATION:	**Football Game at St. John Bosco HS in Bellflower**
DATE OF TRIP:	**10/16/2026**
START TIME:	**3:30 PM**
RETURN TIME:	**11:00 PM**
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 **Deana Occhipinti**, 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 **Football Game at St. John Bosco HS in Bellflower** (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**