

ANNUAL FIELD TRIP RELEASE FORM

2017-2018

Foothills Christian Middle School
350 Cypress Lane, Ste. C
El Cajon, CA 92020
619-303-1641

Student's Name: _____ Grade : _____

This form will be on file at the school office for the current school year.

Students will have the opportunity to go on field trips throughout the year. A field trip permission form for each specific trip will be required for the student to participate. The teacher will take a copy of this form on each field trip as well. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I may revoke permission for a specified field trip by letting the teacher know in advance.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Foothills Middle School, its affiliated organizations, employees, and representatives including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatments, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. ***If the child lives with both parents, the release must be signed by both parents/guardians***

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

Father's/Guardian's Printed name

Mother's/Guardian's Printed Name

FOOTHILLS CHRISTIAN MIDDLE SCHOOL

350 Cypress Lane, Ste. C, El Cajon, CA 92020

619-303-1641 619-312-1923 Fax

MEDICAL RELEASE AND LIABILITY FORM

Activity:	ALL FIELD TRIPS TAKEN THROUGH THE 2017-2018 SCHOOL YEAR
Dates:	September - June
Location of travel if applicable:	San Diego County
Type of transportation:	Private Vehicles

Name of Minor: _____ Birth Date: _____

The undersigned represents to Foothills Middle School that he/she is a natural parent or legal guardian of the above named minor child; and,

The undersigned does hereby consent to such minor child taking part in the noted activity, with the full understanding that insofar as such activity will involve sporting activities, travel and mingling with the other individuals and group, that there is always the risk of injury, illness and loss, and possible consequent expense for medical diagnostic and curative treatments, and incidental loss and expense; and, in behalf of such minor assume the risk of such expense and does hereby wholly release Foothills Christian Middle School from any responsibility or liability and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless, Foothills Christian Middle School and the above mentioned names, in the event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian Middle School and its agent; and, does hereby authorize Foothills Christian Middle School or its staff members or other agents to arrange for any consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Foothills Christian Middle School. The undersigned will furnish payment or insurance for, and such payment, at his or her own expense.

Address:	City	Zip
Home Phone:	Cell Phone:	
Doctor:	Phone:	
Insurance Information (if applicable)		
Person to contact if parent not available		
Day Phone:	Cell Phone:	

Parent's Signature

Date