

American Heritage School Field Trip Participant Authorization and Release

Field Trip/Activity Description: _____

Student's Name _____ Parent/Guardian's Name _____

Other Participant Name (participating as a chaperone or other adult) _____

Home Phone _____ Business Phone _____ Cell Phone _____

Does the participant have any of the following:

Special Diet _____ Allergies _____ Medication _____ Chronic/Recurring Illness _____

Physical conditions that limit activity _____ Surgery or serious illness in last year _____

If yes, please explain

I grant permission for my child to participate in the activity listed above and authorize the responsible supervising adults to administer emergency treatment to the above-named participant(s) for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

In addition, I hereby release American Heritage School, its agents and employees, including chaperones, from liability for claims arising out of my child's (or, if applicable, my) participation in this activity. The School, its agents and employees, and chaperones commit to exert due care and reasonable caution on behalf of the safety of all participants.

Parent (or Adult Participant) Signature _____ Date _____