



The Classical Academy, Inc. (dba Classical Academy High School)

[207 East Pennsylvania Ave] [760-480-9845]

FIELD TRIP WAIVER & MEDICAL AUTHORIZATION

Student will be excluded from field trip if this form is not completed.

Chris Holz – Ski/Snowboard Trip– 1/23,1/30,2/6,2/13 – 5am-5pm – Mountain High

I hereby give my permission for my child, _____, to attend the above noted field trip. I understand that field trips are voluntary and a privilege and my child does not have to attend if I, as the parent/guardian so request.

Method of Transportation TO (T) and FROM (F): (Please make note of both)

_____ Student is **Walking**

_____ Student will ride in **School Provided Transportation**

_____ Student will ride with **Parent**

_____ Student will ride in **Private Vehicle**

I fully understand that my child is to abide by all rules and regulations governing conduct during the field trip. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent's or guardian's expense. I understand and acknowledge that by consenting to allow my child to participate in this field trip, I shall, by law be deemed to have given up all claims against The Classical Academy, Inc. and each of its officers, employees and agents (hereinafter collectively referred to as "[CAHS/Coastal/Classical]") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve [CAHSI] from responsibility for damage to or loss of my child's property occurring during or by reason of the field trip. In the event of any illness or injury, I hereby give school personnel permission to use their judgment in obtaining medical care for my child, and I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action). It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant.

_____ There are NO special issues that the staff should be aware of and NO medication required on the trip.

_____ There ARE special issues that the staff should be aware of. I have attached a sheet with details.

_____ Medication IS required on the trip, as described below.

- Dosage/frequency of all medication(s) must be noted on this form.
- All medications, except those that must be kept on the student's person self-carry for emergency use, must be kept and distributed by the staff.
- **Medications will not be administered unless there is a valid Medical Authorization on file with the school.**

Health Insurance Co. and Policy Number

Mother's/Guardian's Name

Father's/Guardian's Name

Mother's/Guardian's cell/work phone

Father's/Guardian's cell/work phone

Signature of Parent or Guardian

Date

Address

In the event of illness or accident and if unable to contact either of the above, please contact:

Name of Emergency Contact

Phone

Relationship to Child

OFFICE/STAFF: I have confirmed that a valid Medical Authorization exists for all medications noted. _____ (initials)