



**Parent / Guardian Request for Student Participation in:**

I, the undersigned, request that my [son/daughter]: \_\_\_\_\_ be permitted to participate in \_\_\_\_\_  
 (Print student's name)

Description/Purpose:	FIELD TRIP FOR HUMANITIES
Location(s):	FARMINGTON - HIGH SCHOOLS
Dates:	11-17-15
Time:	9:30am - 7:30 PM (some students will return after lunch)
Instructor:	MARCUS RENNER
Costs:	N/A
Additional Items:	
Guardian Name:	
Complete Address:	
Best phone number to reach parents on day of trip:	
Alternative Phone #1:	
Alternative Phone #2:	

I will obey all Animas High School rules at all times while participating in this activity.

\_\_\_\_\_  
 (Student signature)

I/We, the undersigned parent(s) or guardian(s) of the above named student, a minor, do hereby CONSENT to his/her participation in the activity on the dates and at the locations listed above.

I/We forever RELEASE and discharge Animas High School and its employees, and agents (hereinafter collectively referred to as "school"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquired as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in this field trip.

I/We also RELEASE and discharge the school from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in this field trip.

I/We furthermore agree to defend and INDEMNIFY against any claims, damage, loss or expense of whatever kind or nature that the school may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in this field trip.

I/We further authorize the school's employee(s) or agent(s) who is supervising said minor while participating in this field trip to require said minor to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish including those outlined in the Animas High School Student/Parent Handbook and Board Policy. In the event that my child has violated the rules established for this field trip and is being sent home by the school's agent, I understand that the cost of transporting my child back home will be my responsibility.

I/We hereby authorize the employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating on the field trip. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required.

I (We) the undersigned parent(s)/guardian of the above-mentioned minor student, do hereby authorize the employee of the school supervising the activity concerned, as agent for the undersigned, to consent for our child to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision or, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the 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 the exercise of his/her best judgment may deem advisable.

Also, the authorized the school's employee has the authority to call for emergency medical transportation or provide transportation him/herself, for the benefit of the involved student, as the employee deems necessary.

Every effort will be made to contact parent(s) or guardians to explain the nature of the problem prior to any involved treatment. I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care. This authorization shall remain effective until the end of the above named activity.

I/We give permission for delegated school personnel to administer required prescribed medication during the competitions.

Parent name printed \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_