

Field Trip Permission Form

Participant Name: _____ **Group Name:** _____

Activity: All 2017-2018 Midlothian High School Choral Department Field Trips

I, _____, give permission for my child, _____ to participate in all Midlothian High School Choral Department field trips for the 2017-2018 school year. If there is a field trip in which my child will not participate, I will notify Mrs. Graham via email. I understand that Chesterfield County, its employees, volunteers, agents, staff or instructors will do all within his/her power to guarantee the safety of the participants with respect to each activity. I understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and of the other participants. By participating in this activity, I assume all risks and liability that may arise from my involvement and participating in this activity. I further agree that my child will adhere to all Chesterfield County School policies and regulations.

Medical Release Form

I understand that participating in this activity can be, by nature, physically demanding. Therefore, all participants must be free of medical and physical conditions which might create undue risk to themselves or others who might depend on them.

1. What physical disabilities or any other condition does the participant have that might limit his/her participation in this activity?

2. Is the participant taking any medications at this time? (Including pain relievers, allergy medications)

3. Does the participant have any allergies? (Penicillin, bee, food, etc.) If yes, please explain.

4. Does the participant have medication in case of an allergy attack? Yes _____ NO _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the trip leader to hospitalize, secure proper anesthesia, order injections, surgery or other medical treatment for myself as a trip participant or for my child. I release any and all rights or claims for damages against Chesterfield County Public School and all individuals assisting in instruction and conducting these activities from any and all injuries, loss or damage suffered by the participant or in any way connected with these activities.

Student Name: _____ **Date:** _____ / _____ / _____

Address: _____

Phone: home _____ Mom cell _____ Dad cell _____

Medical Insurance Company _____

Primary Care Physician & Phone _____

Student signature: _____

Parent or Guardian: _____ **Date:** _____ / _____ / _____

Please Fill Out Completely!