

The Villages® Charter School

Field Trip Form

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Field Trip Information

Field Trip Name		Location	
Activity	Supervising Faculty Member	Departure Date/Time	Return Date/Time
Method of Transportation <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> CHARTER BUS <input type="checkbox"/> PRIVATE CAR <input type="checkbox"/> SCHOOL VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> PARENT WILL BE RESPONSIBLE FOR TRANSPORTATION			
On or Off-Campus School Activity <input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> OFF CAMPUS			

Student Information

Student's First Name	Last Name	School	Student ID#
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Parent Information

Parent consent/liability waiver/medical release:

- I/We hereby give permission for my child to accompany employees of TVCS, acting as chaperones, to the field trip listed above for the days indicated above. I/we will not hold TVCS or their agents or employees accompanying the group, responsible for any accident or injury to my child. I/we understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.
- I/we further agree to hold harmless, TVCS or their agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that occur will be solely the responsibility of the involved child and their parents or legal guardians.
- I/we have read all the information in regarding to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.
- I/we hereby grant permission to the attending physician or their consulting physicians, to render to my child any emergency treatment, medical or surgical care that might be deemed necessary for the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/we assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/we attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.
- I/we further agree to inform that the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect their participation in the activity referred to herein.

My child has medical insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO		Insurance Company	Policy Number
Home Number	Work Number	Cell Number	Emergency Number
Home Address		City	Zip

Parent/Legal Guardian Signature	Parent/Legal Guardian (Print)	Date
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