

# PARENT (OR ADULT STUDENT) PERMISSION FOR SIATECH ACADEMY SOUTH STUDENT PARTICIPATION IN OFF-CAMPUS ACTIVITY/FIELD TRIP

Destination \_\_\_\_\_

Date of Activity \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

**Type of Transportation:**                      **School Bus**                      **Private Vehicle**                      **Walk**

Student will need:      Sack Lunch/Snack \_\_\_\_\_  
                                  Money (amount/purpose) \_\_\_\_\_  
                                  Special clothing and/or equipment (specify): \_\_\_\_\_  
                                  \_\_\_\_\_

The undersigned parent or guardian of \_\_\_\_\_ Age \_\_\_\_\_, a student of ***School For Integrated Academics and Technologies ("SIATech Academy South")***, hereby grants permission for said student to participate in all aspects of the above named field trip or activity.

Permission is also hereby granted to any adult to seek and obtain whatever medical assistance and services deemed necessary for said student while on such field trip or activity, if services are required.

**RELEASE FROM LIABILITY, AND INDEMNIFICATION.** For and in consideration of permitting the above named student to attend the above-described field trip or other offsite activity (the "Activity") which may include transportation by a private vehicle, I hereby voluntarily release from liability and waive any and all claims or causes of action for personal injury or death occurring to the student or others, or property damage arising from the negligence of SIATech Academy South, its Charter Authorizer or otherwise, against SIATech Academy South, its Charter Authorizer or any of their officers, agents, teachers, or employees. I hereby release SIATech Academy South and its Charter Authorizer from liability for myself and my heirs, executors, administrators and assigns, and I shall indemnify and hold harmless SIATech Academy South and its Charter Authorizer from any and all such claims or causes of action. I hereby acknowledge that I understand the effect of releasing SIATech Academy South and its Charter Authorizer of all such liability, including that caused by negligence.

Please list pertinent medical history (e.g., drug, food, or environmental allergies, bee stings, previous illness, injury, activity limitations, current medications). Include signs and symptoms of an allergic reaction and what treatment your child seeks when a reaction occurs. Also include side effects of current medications. Please write N/A if this is not applicable.

\_\_\_\_\_  
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In the event of an emergency, please contact:

Name	Relationship	Hm. Ph./Wk. Ph.
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Name	Relationship	Hm. Ph./Wk. Ph.
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Signature of Teacher/Date	Signature of Parent (or Adult Student)/Guardian/Date
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\_\_\_\_\_  
 Address

Signature of Sponsor/Administrator	Date	Telephone (Home)	(Work)
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**Student's address and telephone (if different from above):**

Address	City	Zip	Telephone
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