PARENT (OR ADULT STUDENT) PERMISSION FOR SIATECH 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")_**, 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, its Charter Authorizer, Job Corps, or otherwise, against SIATech, its Charter Authorizer, Job Corps, or any of their officers, agents, teachers, or employees. I hereby release SIATech, its Charter Authorizer, and Job Corps from liability for myself and my heirs, executors, administrators and assigns, and I shall indemnify and hold harmless SIATech, its Charter Authorizer, and Job Corps from any and all such claims or causes of action. I hereby acknowledge that I understand the effect of releasing SIATech, its Charter Authorizer, and Job Corps 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.

▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

In the event of an emergency, please contact:

Name **Relationship** **Hm. Ph./Wk. Ph.**

Name **Relationship** **Hm. Ph./Wk. Ph.**

_____ _____ _____
Signature of Teacher/Date **Signature of Parent (or Adult Student)/Guardian/Date**

_____
Address

_____ _____
Signature of Sponsor/Administrator **Date** **Telephone (Home)** **(Work)**

Student's address and telephone (if different from above):

_____
Address **City** **Zip** **Telephone**