

INSTRUCTIONS FOR COMPLETING PAGES 7, 8, 10 AND 13 OF THE ATTACHED FIELD TRIP PACKET

Page 7: Name of Event--put School Robotics Program
(Date/Time)--put TBA

Under the supervision of--put Mr. O'Neill, Dr. Carr and other approved drivers
Under *Please check one of the below boxes*: check both boxes, circle School and Private vehicle, leave the name of instructors blank, fill in your info at the bottom of the page.

Page 8: *Advisor*: put Mr. O'Neill
Date of trip, Start Time, Return Time---put TBA
Mode of transportation--put Parent

___*participate in the trip to*--put Robotics
Then fill out the rest of the blanks in the lower quarter of the page

Page 10: behavior code agreement, complete and sign

Page 13: *Destination*--put Robotics Team
Departure Date & Time and Return Date & Time--put TBA
Medical Insurance Carrier---put see page 8
Doctor's Name, phone--put see page 8
you may leave doctor's address blank



SERVITE HIGH SCHOOL

CONDUCTED BY THE ORDER OF FRIAR SERVANTS OF MARY

PARENT TRANSPORTATION APPROVAL FOR OFF CAMPUS TRIPS (School or Private Vehicle)

To the Principal of Servite High School:

I hereby request that _____, my child, be permitted to participate in the _____ trip on (Date/Time) _____
(Name of Event)

Under the supervision of _____, an agent of Servite High.
I agree to direct my child to cooperate and conform with the directions and instructions of the supervisory personnel in charge of the activity. Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give my permission to the school personnel to use their judgment in obtaining medical service for my child. I give permission to the doctor selected by the school to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his participating in this activity, including transportation to and from such activity, recourse for the payment of any resulting hospital, dental, medical or related costs and expense will first be obtained from any accident, hospital or medical insurance, or any other available benefit plan of mine and or my spouse. I hereby agree to hold Servite High School and its agents free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by an incident arising from this activity

Please check one of the below boxes:

- I agree to allow my son to travel in a: **CIRCLE ONE PLEASE School or Private vehicle** with:

Name of Instructor(s)	Title/Position	for this activity.
Name of Instructor(s)	Title/Position	for this activity.
Name of Instructor(s)	Title/Position	for this activity.
Name of Instructor(s)	Title/Position	for this activity.

- I, the parent/guardian, accept full responsibility for (Students Name) _____ transportation to and from the above event.

Parent's Signature: _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____

In case of emergency and I (we) can not be reached, please contact the following:
Name _____ Relationship _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____



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PARENT/GUARDIAN SANCTIONED FIELD STUDY/TRIP PERMISSION FORM

The information below must be given to the appropriate teacher/advisor prior to the trip as designated by communication of the school.

Advisor: _____ Group: _____ Destination: _____
 Date of Trip: _____ Start Time: _____ Return Time: _____
 Mode of Transportation: _____

I/We hereby request that _____ participate in the trip to _____.

I/We give my/our consent and understand that this trip is sanctioned by Servite High School and that all students and chaperones are expected to abide by all Servite High School policies. I/We agree to direct my child to cooperate and conform with the directives and instructions of the supervisory personnel in charge of the activity.

STUDENT MEDICAL RELEASE

I/We, the parent(s) (guardian) of the above named student, hereby, give my/our permission for his participation in the activity above. I/We am/are not aware of any medical condition of my child which would prevent his participation, except those listed below, or limit my son participation in the activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

If the above named student needs emergency treatment, he/she will be transported to nearest medical facility by school personnel, trainers or paramedics. Consent is hereby granted for such emergency treatment as maybe considered necessary in the opinion of the attending physician. Further, I understand that according to school policy all students must be covered by secondary insurance, (provided through the student body fee). The school does not assume responsibility for payment of a physician, hospital, medical or dental fees of any kind.

 (Parent or Guardian's Signature)

 (Student's Signature)

 (Home Address)

 (City)

 (Zip Code)

 (Home Phone Number)

 (Work Phone Number)

 (Date Signed)

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone Number _____

Allergies/Medical Problems/Disabilities: _____

Medication(s) if applicable: _____

Student Date of Birth: _____ Age: _____

Parents' Email Address(es): _____



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STUDENT BEHAVIOR CONTRACT

In order to ensure that this program is a positive experience for all involved, I understand and agree to the following while I am participating in this travel experience:

1. During this trip, I realize that I am a representative of the school. At all times, I will observe the rules of Servite High School as a guideline for appropriate behavior.
2. I will cooperate and abide by the rules/guidelines of chaperones, host families, groups and/or designated agencies.
3. I will satisfactorily complete all study, writing or work assignments associated with this program.
4. I understand that possession and/or use of alcoholic beverages, illegal drugs or tobacco is forbidden.
5. I will dress appropriately for all activities.
6. I will be expected to make restitution for any incurred damage to property or persons, at school or in the home, accidental or otherwise.

I understand that if any of the above is jeopardized by my behavior, my parents will be notified and I will be at risk of being sent home immediately and unaccompanied at my parents/my own expense.

Student Signature:

Date:

Parent Signature:

Date:



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FIELD TRIP EXCURSION NOTICE AND MEDICAL AUTHORIZATION –ADULT/CHAPERONE

Name of School: _____

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

I understand that I hold Servite High School its agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

Signature: _____

Printed Name: _____

Address: _____

Day Phone: _____ Night Phone: _____

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Printed Name: _____

Address: _____

Day Phone: _____ Night Phone: _____

My Doctor's Name: _____ Office Phone Number: _____

My Doctor's Address: _____

If there are any special medical problems, kindly attach a description of the problem to this sheet.