

The Villages® Charter School

- ON CAMPUS
- OVERNIGHT
- OFF CAMPUS

ON OR OFF-CAMPUS SCHOOL ACTIVITY
PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Student: _____ School: **VCES – Intermediate Center**

Supervising Faculty Members: **Ms. Cruz, Mrs. D'Alessandro, Ms. Emmert & Mrs. Trent**

Club/Group/Class: **Second Grade Students** Activity: **Field Trip** Location: **The Crayola Experience**

Date & Time of Departure: **Mon. April 9, 2018 @ 8:30 AM** Date & Time of Return: **Mon. April 9, 2018 @ 3:30 PM**

Method of transportation: School Bus Charter Bus Private Car School Vehicle Other _____
 Parent will be responsible for getting student to and from said activity

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to the field trip listed above for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, their agents, employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on the field trip listed above for the days indicated above.
- 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 indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its 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 regards 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 his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary from 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 his/her participation in the activity herein named.

My Student has medical insurance: ___ Yes ___ No Insurance Co: _____

Policy Holder: _____ Policy #: _____

Home Phone Number: _____ Work Phone #: _____ Cell Phone #: _____

Parent Signature

Date

Home Address

City

Zip