



HIGH TECH HIGH

HIGH TECH HIGH FIELD TRIP PERMISSION FORM

Including Request for Student Participation in School-Sponsored Off-Campus Activities, Medical Authorization, And Waiver and Release of Liability

Activity Information

I, the undersigned, request that my child/ward \_\_\_\_\_ (Print Student's Name), be permitted to participate in the following school sponsored off-campus activity.

Name Teacher Lead(s) Ms. Britt & Ms. Regina

Purpose of trip and activities Interview the artists, get to know the space we will be building on

Destination(s) Space 4 Art, 325 15th St. San Diego CA 92101

On/From-To November 19th & December 1st or 3rd/ 9:30 AM -2:30 PM (Dates/Times of Event/Travel)

Time of departure 9:30 Time of return 2:30

Modes of Transportation Parent Drivers

Cost Lunch money, \$2 for Pizza Will need a school lunch? [ ] YES [ ] NO

Student Information

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

Student Mobile Phone \_\_\_\_\_

Emergency Contact on Day of Trip \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian - Names \_\_\_\_\_

Parent/Guardian - Phone Number(s) \_\_\_\_\_

My child/ward and I/we understand and agree that my/our child/ward must abide by all school rules while on this trip including those noted in the Student Parent Handbook. My/our child/ward understands and agrees that any violation of the school rules may result in him/her being sent home at my/our family's sole expense, and that any violation of school rules may result in disciplinary consequences per the Student Parent Handbook.

continued on other side



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Trip Name/Date

Student Name

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## Medical Information/Authorization

- My child/ward has no medical conditions and takes no medications about which school and emergency medical staff should be informed.
- My child/ward has the following medical conditions and/or is currently taking the following medication(s) about which the school instructor and/or emergency medical provider should be aware:

\_\_\_\_\_

I/we hereby acknowledge that I/we know of no medical reason why my child/ward should not participate in the Trip. In the event of illness or injury, I do hereby consent to whatever emergency medical treatment may be deemed necessary for my child/ward. I further understand and agree that any medical treatment will be provided at my expense (or that of my insurer) and that neither the School nor its affiliates will be responsible or liable for costs and fees related to such medical treatment.

Medical Insurance Carrier

Policy Number

Telephone Number

Physician Name

Address

Telephone Number

## Waiver and Release

As stated in California Education Code Section 35330, any person attending or participating in a field trip or excursion waives any and all claims against the school, school district and the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.

I/we acknowledge that, commensurate with California Education Code Section 35330 and in consideration of my child/ward participating in the above-described activity, I/we hereby hold harmless, and waive and release, High Tech High (the "School"), its parents, subsidiaries or other affiliates, the school district, the State of California, and the respective officers, agents, employees and contractors of each of them ("Releasees"), from and against any and all actions, claims, demands, liabilities or expenses of any kind or nature that I/we now have or may hereafter have relating to any injury, accident, illness, death, and/or any loss or damage to personal property occurring during, or resulting from my/our child/ward's participation in the above-described activity, including, but not limited to, claims arising out of any negligence of Releasees, and each of them. I/We understand that the Releasees' acceptance of this Release shall not constitute a waiver, in whole or in part, of any sovereign or official immunity by the Releasees.

I/WE ACKNOWLEDGE THAT I/WE HAVE CAREFULLY READ THIS FIELD TRIP PERMISSION FORM, INCLUDING REQUEST FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED OFF-CAMPUS ACTIVITIES, MEDICAL AUTHORIZATION, AND WAIVER AND RELEASE OF LIABILITY, AND FULLY UNDERSTAND ITS TERMS. I/WE ARE AWARE THAT THIS DOCUMENT INCLUDES A WAIVER AND A RELEASE OF LIABILITY. I/WE AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE AND AGREE TO PERMIT MY CHILD/WARD TO PARTICIPATE IN THE ABOVE-DESCRIBED ACTIVITY.

Parent/Guardian Signature

Print Name and Date

Student Signature

Print Name and Date