



623 South Nardo Avenue
Solana Beach, CA 92075
Phone: 858-755-1777

Field Trip Permission and Medical Release Form

Dear Parent or Legal Guardian:

A field trip is a privilege, not a right. Your son/daughter, guardianship, is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees from St. James Academy. Students may not participate in this field trip/off campus activity if they have not been in attendance at school the day of this field trip/activity. A brief description of the activity follows:

Curriculum Goal:

Destination:

Designated Supervisor of Activity:

Date and Time of Departure:

Method of Transportation:

Student Cost:

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

We hereby release and hold harmless St. James Academy and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, _____, a student in grade _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee and parent chaperones on the stated dates. I further consent to the conditions stated above for this event, including the method of transportation. I will provide a car seat/booster seat if my child is 8 years old or younger.

(over)

Emergency Medical Treatment

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Please contact the following in the event of an emergency and you are unable to reach me at the above number.

Parent Name/ please print

Parent Signature

Contact Phone #

Date

Family Doctor: _____ Phone: _____

_____ Yes, I can drive and chaperone students for the day.

_____ I can safely seat _____ students with a seat belt.

_____ A current copy of my driver's license and insurance is on file in the school office.

_____ My CMG Connect Background Check and Safe Environment Training is on file in the office.