PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the Director/Headmaster of Fairmont Schools,

_____ has my permission to participate in the field trip/travel to
(Student's name)
Knott's Berry Farm- Indian Trails on April 4, 2012.

PARENTS, PLEASE NOTE:

By signing this permission slip, I agree and understand that all persons attending and/or participating in the field trip hereby waive any and all claims against Fairmont Private Schools, its officers, employees, agents, successors, assigns and insurers ("Released Parties") for loss or damage to property, injury, accident, illness, or death occurring during or arising out of the field trip or excursion, except when gross negligence by the Released Parties is proven.

I agree to direct my child to cooperate with directions and instructions of the school personnel, and where appropriate, facility personnel in charge of the activity.

_____ _____
Parent's or guardian's permission signature Date

Authorization for Medical Care

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School has no insurance covering such medical or hospital costs incurred by my child and, therefore any cost incurred for such treatment shall be my sole responsibility.

_____ _____
Student's Name Business telephone number of parent or guardian

_____ _____
Home Address Emergency telephone number

_____ _____
Home telephone number Authorization signature of parent or guardian

☐ PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL