



# MERIDIAN

## CHARTER SCHOOLS

### FIELD TRIP WAIVER FORM

Dear Parent/Guardian of \_\_\_\_\_,

Your student has the opportunity to attend a field trip to enhance his/her learning. Specific information about the trip is as follows:

|                             |  |
|-----------------------------|--|
| Course related to trip:     |  |
| Date of trip:               |  |
| Time of trip:               |  |
| Location of trip:           |  |
| Purpose of trip:            |  |
| Cost of trip:               |  |
| Transportation information: |  |

In order for your student to participate, you must provide ALL of the information requested and sign this waiver of liability.

|                                    |  |
|------------------------------------|--|
| Waiver due date & where to submit: |  |
| Eligibility/Privilege deadline:    |  |

I, \_\_\_\_\_, hereby give my permission for \_\_\_\_\_  
(Parent Name) (Student Name)

to attend the field trip referenced above. I acknowledge that this trip is in furtherance of the school mission and students are to engage in this opportunity from that perspective. I acknowledge that students are required to follow the code of conduct at all times while on this trip. Unacceptable behavior will result in disciplinary consequences.

I am granting permission for my student to attend the trip. In doing so, I waive and release any and all rights and claims for damages against the organizers, their associates, and representatives associated with this field trip for any and all injuries suffered by the student while participating during this trip.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

## MEDICAL INFORMATION FORM

Required medical information for the student attending the trip:

|   |  |
|---|--|
| Student Name:   |  |
| Home Address:   |  |
| Parent/Guardian Phone Number:   |  |
| Emergency Name and Phone Number:<br>(if Parent/Guardian is unavailable) |  |
| Student allergies:  |  |
| Student medications:  |  |
| Other medical conditions:   |  |

In the event that the school representative/field trip chaperone is unable to reach me during a medical emergency, injury, or other unforeseen health-related episode pertaining to my child, then please perform any and all medical treatment required or requested that you, in your professional judgment or under the direction of a medical professional, deem necessary under the presenting circumstances. In the event that my child is unable to communicate his/her needs, and you are unable to contact us, the physician in attendance should exercise his/her professional judgment regarding the treatment of my child. I hereby consent in advance to such treatment and agree to hold you harmless from any action or claim based on lack of parental consent or results of actions taken that may arise in connection with such treatment.

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Parent Name

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Date