



Providence Extension Program

Field Trip Permission and Release Agreement

Parent/Guardian Field Trip Permission and Release Agreement

I/We permit our child(ren), _____ to participate in the following activity _____ on _____, 20____ for a PEP field trip. I/We understand that transportation to and from the event will be provided by volunteer parent drivers in their personal vehicles.

Although parent chaperones will accompany the students, I/we understand that accidental injuries may occur. I/we voluntarily assume and accept such risks of personal injury and illnesses arising from my child's participation in this event. I hereby release Providence Extension Ministries, Inc., representatives, contracted tutors, and parent chaperones and drivers from all actions, claims, or demands that I and my heirs or representatives now have or may hereafter have for personal injuries or property damage resulting from my child's attendance and/or participation in this field trip. This permission remains effective for the entire duration of the field trip, including travel to and from the destination.

I/We have carefully read this agreement, understand that it is a full release of liability, and agree to be bound thereby.

Parent/Guardian Signature _____ **Date** _____

Print Name: _____

Medical Release (Please Sign EITHER Statement 1 OR 2):

Statement #1: In case of an injury, accident, or illness, an attempt will be made to contact the parent/guardian as soon as possible at the numbers provided below. I authorize any medical emergency treatment such as x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. This permission remains effective for the entire duration of the field trip, including travel to and from the destination.

Parent/Guardian Signature _____ **Date** _____

Statement #2: In the event of an emergency, I **DO NOT** consent to any emergency medical treatment necessary either at a doctor's office or hospital. Please take the following plan of action:

Parent/Guardian Signature _____ **Date** _____

Emergency Information:

Parent/Guardian Home Phone # _____ Cell # _____

Doctor/Practice _____ Office # _____

Dentist _____ Office # _____

Medical Insurance Co. _____ Phone # _____

Name of Insured _____ Relationship _____

Policy # _____ Group # _____