



THINK Together Student Participation in Voluntary Field Trip
Parental Permission, Teacher Permission, Assumption of Risk,
And Medical Treatment Authorization

Date: _____

(Student's Name) _____ (ID #) _____ has permission to participate

on the following field trip: **California State University San Bernardino Leadership Challenge Center Training**

Destination/Nature of Activity: **California State University
San Bernardino 5500 University Pkwy
San Bernardino, CA 92407**

Special Instructions: **1. Students must be ready to board the bus at 7:45 am. The bus is leaving promptly at 8:00am**
2. Student must bring their lunch/ Light snack provided.

Person in Charge: Colonel Michael Christoph Position: Teacher Site: Hemet High School

Departure: Date: 5/11/19 Time 8:00 am Return: Date: 5/11/19 Time: 4:00 pm

Method of Transportation: ☒ School/Bus Vehicle ☐ Walking ☐ Other: _____

Health or Special Needs:

- ☐ My child does not have any special health needs the staff should be aware of, and no medication is required on the field trip.
- ☐ My child does have a special need and instructions are attached. Number of attached pages: _____
- ☐ Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of members of the medical staff of the hospital or facility providing medical or dental services. I further acknowledge that THINK Together does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

The undersigned, on his or her behalf and on behalf of such children, hereby releases, waves, discharges and covenants to not sue THINK Together, its directors, officers, employees, or agents (hereafter referred to as "releases") from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs, and next of kin for any loss or damage. Therefore any claim or demands on account of injury to the person or property or results in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with THINK Together.

Signature (Parent/Guardian)

Please Print Name

Work Phone

Student's Date of Birth

Home Phone

Family Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact: _____
Name of Person

Relationship

Home Phone

Work Phone