



www.lvschool.org

# Lillian Valley School

P.O. Box 790, Blackfoot, Idaho 83221

Phone 208-785-1890

## **ANNUAL FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM (2016-2017 School Year)**

I give my permission for \_\_\_\_\_ to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by providing written notice hand-delivered to the principal more than one day prior to the trip.

### **MEDICAL RELEASE**

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the Family Code of California and the Health Code of California.

### **RELEASE OF CLAIMS AGAINST THE LILLIAN VALLELY SCHOOL**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's presence, transportation, and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE LILLIAN VALLELY SCHOOL, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP.

**I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, ON BEHALF OF MY CHILD, AND THE LILLIAN VALLELY SCHOOL AND I SIGN IT OF MY OWN FREE WILL.**

### **BEHAVIOR EXPECTATIONS**

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

The first emergency contact will be the Parent/Guardian listed below. If the school is unable to contact me, I give them permission to contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **SIGNATURES**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Phone: \_\_\_\_\_