



THE  
**RHOADES**  
SCHOOL™

## WASHINGTON DC

## EIGHTH GRADE

My child, \_\_\_\_\_, has permission to attend the Washington DC trip from Sunday, May 5 – Friday, May 10, 2019.

Parent/Guardian Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### **Field Trip Permission**

**Parent/Guardian: Please check option 1 or option 2 to indicate the action desired in the event of an emergency.**

#### **Medical Authorization**

1. \_\_\_\_\_ I understand that while the Student is on the Field Trip, an emergency may develop which necessitates medical attention. The Rhoades School will attempt to contact me prior to such treatments. I hereby authorize the School, through its staff and faculty, to act in my place in my absence and to give such authorization. This authorization is intended to give the staff of the School the right to give consent to authorize medical treatment for the Student.

I represent that the Student is in good physical condition and I am not aware of any disease or injury that might be aggravated or result in the Student being incapacitated or injured during the Field Trip.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Ins. ID #: \_\_\_\_\_

2. \_\_\_\_\_ I do not choose the above statement and desire the following action:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an overnight field trip, if it is necessary for my son/daughter to return early from the trip, either because of illness or behavior, I understand that I am responsible for the airfare and a designated adult to accompany my son/daughter should it be necessary to send him/her home.

Please complete both pages

### General Release and Indemnification

I understand that participation in the Field Trip is entirely voluntary. I agree that in partial consideration of the School sponsoring the Field Trip and permitting the Student to participate, I will not attempt to hold the School, Nobel Learning Communities, Inc., and its or their respective officers, directors, employees, agents or volunteers liable in damages for any injury, death or loss to person or property sustained by the Student while participating in the Field Trip. **I have read this release, and understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions. By signing this form, I also agree for myself, my representatives and assigns, to release and hold harmless the Released Parties from any legal claim or liability for bodily injury and personal property damage that is caused to the Student while on the Field Trip.**

Parent/Guardian Name (print): \_\_\_\_\_

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

Date: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

### Other Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_