

AUTHORIZATION FOR STUDENT EXCURSION AND ACTIVITIES

This Authorization must be completed by the student's parent(s) or guardian(s). If not completed and signed, the student may not be allowed to participate in the excursion and activities described.

Name of Student: _____

Home Address: _____ Telephone: _____

Date & Time of Excursion: _____

Destination: _____

Type of Transportation: _____

Description of Activity: _____

I am/We are the parent(s)/guardian(s) of the student named above. By signing below, I/We:

- (a) give permission for the student to participate in the excursion and activity described above;
- (b) give permission for the student to travel by private or commercial vehicle;
- (c) release the School and its agents and employees from any and all liability to us and to the student for any injury, damage or loss that occurs because of the student's participation in the excursion and activity, unless the injury, damage or loss is caused by the gross negligence or willful misconduct of the School or its agents and employees; and
- (d) in the event of illness or injury to the student, consent to and authorize such medical and dental treatment as may be deemed necessary, and agree to pay for such medical and dental costs.

AUTHORIZATION:

_____	_____	_____
Print or type Mother's/Guardian's name	[Mother's/Guardian's Signature]	[Date]
_____	_____	_____
Print or type Father's/Guardian's name	[Father's/Guardian's Signature]	[Date]

Parent's Comments:

Please identify any special medical instructions or other special circumstances you believe are important for the School to know about in connection with this excursion and activity.