



Field Trip Permission & Release Form

No student will be able to participate in a field trip without this signed form. Students are responsible for any school work missed while on the field trip. The students will be accompanied on the field trip by teachers and, in some cases, chaperones. If they need to bring a lunch, it must be in a disposable bag. In any emergency situation that presents an imminent threat to the student health or safety during the trip, school personnel may take whatever transportation actions necessary under the circumstances to protect student health and safety.

Parent/Guardian Name: _____

Cell Number: _____

Work Number: _____

Home Number: _____

Emergency Contact: _____

Cell Number: _____

Work Number: _____

Home Number: _____

Please list any medical needs, allergies, or physical, mental or emotional limitations that might require attention:

Release and Waiver

I consent to my child or ward's participation in the field trip described by this Permission Slip and Release. In consideration for the inclusion of my child or ward, I agree, for my child or ward, and for my child or ward's heirs, parents, guardians, representatives, successors and assigns, to fully release and hold harmless the St. John's Parish Day School, Inc. and St. John's Parish, Inc.; and its employees, administrators, Vestry members, trustees, affiliates and insurers (the "released individuals") from any and all injuries, damages, or losses of any kind to my child or ward arising out of or related to said trip, to include injuries suffered in a vehicular accident. I acknowledge that this Release shall waive all rights to pursue relief for injuries, damages or losses against the released individuals in any forum and under any theory, including theories of contract and tort, for the trip. I further acknowledge that with respect to the trip, this Release unequivocally is intended to waive all claims against the released individuals for their own negligence or gross negligence. I specifically authorize the transport of my child or ward in a private motor vehicle, as described in this Permission Slip and Release. I specifically authorize St. John's to seek medical treatment for my child or ward, the cost of which I shall bear, should such treatment become necessary during the field trip and neither I nor the alternate person identified in this Permission Slip and Release can be reached to give advance approval. I accept full financial responsibility for any person property lost by my child or ward during this field trip. Notwithstanding anything in this Permission Slip and Release to the contrary, this document shall not waive any claims arising out of or related to behavior by an employee of the St. John's Parish Day School who is under the influence of alcohol or illegal drugs, or of any legal substance that materially impairs the employee's judgment, or arising out of or related to conduct by a St. John's employee that constitutes a felony or misdemeanor under Florida law. This document also shall not waive any claims related to operation of a vehicle by a St. John's employee who does not possess a valid, non-suspended driver's license. This Release is effective as of the date written below, and is to be construed according to the law of Florida. This Release may be modified only in writing signed by both parent/guardian and an authorized representative of St. John's Parish Day School, Inc. If any portion of this Release is found invalid or overbroad by a court of competent jurisdiction, I agree that the remaining portions shall continue in full effect, or that the Release will be modified to the minimum extent required to ensure validity, as appropriate.

Name of Child/Ward

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature