



Grace Lutheran School
Arlington, Texas
2009-10
All Field Trip Form

Minor's Name _____ Grade _____ Date of Birth _____

All Field Trip Permission

The above named minor has my permission to attend all field trips sponsored by his or her grade level or subject. I agree to indemnify and hold harmless Grace Lutheran Church and School, the individual driver, and sponsor for the event, from any liability, loss, actions or causes of action in relation to the trip to or from the activity below or in relation to any event which takes place at the activity.

In general, day trips are covered in the Materials Fee. I understand that I will be notified of any additional fees associated with longer trips and I must make full payment of those fees through the school's main office prior to each trip. In the event I do not make full payment and my child attends the trip, I will receive a bill for the field trip from the Business Manager.

Authorization to Treat a Minor

I/we, the parent(s) or legal guardian(s) of the above named minor, hereby give my/our permission for my/our child to participate in Grace Lutheran School programs and activities, including transportation involved for his/her participation in off-campus activities, and absolve Grace Lutheran School from liability to me/us and my/our children because of illness or injury to my/our child or loss of his property resulting from such participation. In event of medical emergency, I/we hereby authorize Grace Lutheran School leadership to exercise its discretion in obtaining and/or providing medical attention for my/our child. I/we hereby assume full responsibility for all financial obligations arising from transporting my/our child to a medical facility, and for all other expenses related to obtaining and/or providing medical attention for my/our child. 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 release to obtain or render care which Grace Lutheran School leadership, in the exercise of its best judgment, may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Assignment of Responsibility

I/we realize that participating in the various programs and activities of Grace Lutheran School involves many risks including loss/damage of property, illness, serious injury and death. I/we hereby assume full responsibility for all financial obligations arising from my/our child's participation in Grace Lutheran School programs and activities. Further, I/we hereby assume all risk associated with my/our child's participation in Grace Lutheran School programs and activities, and agree to hold harmless Grace Lutheran School, its teachers, staff, agents, representatives, and volunteers from any and all liability, actions, course of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in any activity related to Grace Lutheran School. The terms hereof shall serve as a release and assumption of risk by my heirs, estate, executor, administrator, assignees and for all members of my/our family.

Medical Emergency Information

Name of Health Insurance Co. _____ Policy # _____

Name of Physician _____ Phone # _____

Minor's Address (street) _____

City _____ State _____ Zip _____

Allergies? _____

Any medical information needed to be disclosed to medical professionals before treatment?

I hereby certify that the forgoing is true and correct, and that I understand and agree to all provisions described herein. I also give permission for volunteer field trip drivers to be in possession of this form while transporting my child.

Signature _____ Home Ph _____ Work Ph _____
Father/Legal Guardian

Signature _____ Home Ph _____ Work Ph _____
Mother/Legal Guardian

Persons other than parent(s)/guardian(s) to be called in case of emergency:

Name _____ Home Ph _____ Work Ph _____

Name _____ Home Ph _____ Work Ph _____