



The First Academy School Trip Permission/Consent Form

My child, _____, has permission to participate in the school sponsored
(print student name)

trip to the Leadership Forum at Southeastern University, 1000 Longfellow Blvd., Lakeland, FL 33801 on March 18, 2016

This trip is sponsored by The Upper School Royal House.
(Division or department)

Overnight Trip? Yes ☐ No ☒

General Field Trip Guidelines:

The undersigned has read and understands the Parent/Student Handbook of The First Academy and agrees to abide by the protocols and procedures provided therein. Further, as parent and/or legal guardian of the student participating in a TFA trip we, the undersigned, understand that our student must have this permission form signed and submitted to the Divisional Administrative office listed above before our student may participate in this off-campus trip. As parent and/or guardian, the undersigned understands that all TFA dress codes are enforced while our student participates in this off-campus activity. We understand that it is a student's privilege (not a right) to participate in this trip and we fully support the school and its agents should it be necessary to enforce discipline for our student even if that means sending him/her home early.

The undersigned understands that for overnight trips that The First Academy requires at least one parent or guardian to attend the scheduled trip meeting. During this mandatory meeting, guidelines and regulations are reviewed and questions regarding the trip will be answered. Contact information for field trip/retreat chaperones will be given at this meeting.

The undersigned have read and understand the **Overnight Policy** listed in this document and agree to abide by its standards as well as inform the participating student to abide by its guideline.

Medical Information:

It is important that parents and/or legal guardians provide up-to-date information for each child. Please fill out the following information before returning this form to the division or department.

Parent Name: *(please print)* _____

Contact/cell phone numbers: _____ *(numbers to call if emergency occurs)*

Parent Name: *(please print)* _____

Contact/cell phone numbers: _____

Emergency Contact: *(in case parent cannot be reached)*

Name: _____ Relationship: _____

Phone: _____

Allergies or Medical Conditions:

Please list any allergies or medical conditions that might require some type of intervention on this trip.

Medications:

Medications should be given to chaperone for keeping until needed.

The undersigned agrees to inform the sponsoring chaperone of any medications that must be given during the trip. The undersigned will supply such medications in the original pharmacy labeled packaging with only the dosage needed for the trip. In addition, the undersigned understands that supplying the child's teacher/chaperone with *emergency* medication, such as epi-pen and inhaler, for all trips and sports activities is the responsibility of the parent and/or legal guardian. It is further understood that school personnel are not held liable for the administration of the above medication or for its possible side effects.

Emergency medications are not available for school trips. Emergency medications must be provided from home, for each trip.

Medication to be administered:

Name of medication: _____

Dosage: _____ Time needed: _____

Special instructions: _____

Any possible side effects: _____

Overnight Policy:

While regulations of the Overnight Policy are covered in the Parent/Student Handbook, highlights are provided her for reminders. Signing this document affirms that the undersigned has read and are familiar with the Parent/Student Handbook.

- At no time will it be permitted to have members of the opposite sex in the same room without direct supervision of a chaperone, and only then for the purposes of Bible study or leadership meeting.
- At no time will it be permissible for students to be in possession of tobacco products, drugs, alcohol, illicit material (*whether print, audio or video*) or weapons of any kind.
- Students taking medication must submit medication in its original prescription container to a chaperone. Such container must have only the dosage necessary to cover the duration of the trip.
- All Parent/Student Handbook student behavior expectations must be followed while on the trip. Failure by a student to follow TFA guidelines may result in the early return of a student and/or dismissal from school or trip location, at the expense of the parent(s). (For example - Washington D.C.)
- One parent or guardian must attend a mandatory parent meeting regarding overnight trips.

If the school cannot reach me, (parent/guardian) or the emergency contact, I/we give permission for school staff to call paramedics, physician, or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

If the school cannot reach me (parent/guardian), or emergency contact, I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are potential risks involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to release and hold harmless The First Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation that are in excess of the available liability or uninsured and/or underinsured motorist insurance coverage.

Student Signature (if 18 or over): _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____