



PARENT'S OR GUARDIAN'S PERMISSION FOR VOLUNTARY DAY TRIP AND AUTHORIZATION FOR MEDICAL CARE

To: BELLA MENTE MONTESSORI ACADEMY: \_\_\_\_\_ (Student Name: please print)

has my permission to participate in the (field trip/location) \_\_\_\_\_

On: \_\_\_\_\_ Depart. time: \_\_\_\_\_ Ret. time: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Supervising Teacher (please print): \_\_\_\_\_

General Activity(s) to be included: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

By granting permission to attend the field trip, you acknowledge and give permission for photos/videos of your child to be released by the school on school websites and social media platforms and release. I further release Bella Mente, its Board of Directors, employees and representatives from any liabilities arising out of use of this material and I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with any image used by the school.

PARENTS, PLEASE NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; student may remain in school at parent/ guardian's request.

ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X \_\_\_\_\_ Authorized Signature of Parent or Guardian+

Check here if child may not participate in Activity number: (1) (2) (3) [Circle if applicable]

Check here to confirm that you have read and received the detailed itinerary, instructions and requirements.

AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Home Phone No.: \_\_\_\_\_

Parent/Guardian Work Phone No.: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

X \_\_\_\_\_ Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: \_\_\_\_\_

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

WILDERNESS TRIPS NOTICE: Certain locations may be without ready access to emergency rescue or medical aid. Terrain, unexpected weather or possible encounter with wildlife may expose student to risks of injury.

Suggested Donation Amount: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Cash

Check

Teacher's Initial: \_\_\_\_\_