

Parent Request for School Field Trip Transportation

To the Head of School of Mercy High School, Burlingame:

I hereby request that Mercy High School allow my daughter, _____, to participate
(full name)

in the educational field trip to Notre Dame HS, Belmont on Friday, 08/28/15 from 7:30pm to 9:30pm.
(destination) (date) (start time) (end time)

The educational purpose of this school field trip is Frosh Social at Notre Dame HS, Belmont.

The cost of the dance is \$12.

Students must provide their own transportation to and from this event.

I, the parent (guardian) of the above named child, hereby, give my permission for her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the school personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of her participation in the above named activity, including transportation to and from the activity, whether or not covered by the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

Should it be necessary for my daughter to have medical treatment while participating in this field trip, I hereby request the school personnel use their judgment in obtaining medical service for my child and I request the physician selected by the school personnel render the medical treatment deemed necessary and appropriate.

Students are expected to follow all school rules while attending field trips/events. If a student violates any school rules she will need to speak to an administrator upon returning to school. Should the violation be of a serious nature a parent/guardian will be contacted and required to arrange for the student's immediate transportation home.

Child's Full Name

Birth Date

Parent or Guardian (Print)

Signature

Parent or Guardian (Print)

Signature

Street Address

City

Zip

Home Phone

Work Phone

Cell Phone

Date

Person(s) (other than parent) to notify in case of emergency:

Name _____ Phone _____

Name of Physician _____ Phone _____

Name of insurance carrier _____ Policy # _____

Student Cell Phone: _____

FROSH SOCIAL AT NOTRE DAME ~ Friday 08/28/15