

## ***Parent Request for School Field Trip Transportation***

To the Principal 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 Kohl Mansion – Frosh Sleepover from 11/13/15:7:00pm to 11/14/15:8:00am.  
(destination) (date) (start date/time) (end date/time)

The educational purpose of this school field trip: Freshman class bonding and fun!

Students will arrange for their own transportation to and from this event.

This field trip involves the following out of the ordinary circumstances: Students will spend the night in the Kohl Mansion. Dinner and snacks are included.

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.

I agree that in the event my daughter violates any school rules while on this field trip she will face disciplinary action 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 SLEEPOVER 11/13/15~11/14/15**