

## ***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 Fort Miley, SF on 04/27/16 from 8:00am to 2:30pm.  
(destination) (date) (start time) (end time)

The educational purpose of this school field trip is Participation in Freshman Retreat at Ropes Course.

Students will ride in a bus leased by the school for this event.

This field trip involves the following out of the ordinary circumstances: Ropes course. Students will participate in activities involving heights and climbing with supervision and safety equipment. This retreat is physically challenging. Please sign additional form from Fort Miley.

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: \_\_\_\_\_