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 Disneyland/Disney California Adventure Park, Anaheim, CA
                                                          (destination)

from 06/07/19~8:30am to 06/08/19~12:00 noon .
        (start date/time)   (end date/time)

The educational purpose of this school field trip is Grad Night for the Class of 2019!

The cost of the field trip is _____$200_____ .

I request that Mercy High School allow my daughter to ride in a bus rented by the school.

This field trip involves the following out of the ordinary circumstances: Students will ride round trip from Mercy High School to Disneyland Resort in Anaheim. Students will be on their own in the Disney parks with chaperon check ins. Students will attend a dance party in Disney California Adventure from 10:00pm-2:00am. Students will board the bus for their return at 2:30am. There will be a breakfast stop on the way back. Students need to bring money for food and any Disney items they wish to purchase.

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 (Parent/Guardian 1)
_____/_____   _____
Work Phone/Cell Phone (Parent/Guardian 2)   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: _____