

**INFORMATIONAL MEETING TO BE HELD  
FRIDAY, FEBRUARY 2<sup>ND</sup>, 2018 @3PM**

High School Field Trip Permission Slip **La Vida ~ July 27 – August 4, 2018**

School date: **July 27 – August 4, 2018**

Deposit/child: **\$ 100.00\*\***  
\*\*\$675 Total Cost

Checks payable to: **LaVida**

Chaperones: Brian Indrelie, female faculty/staff and La Vida Sherpa Guides

Student Transportation: Chaperone driven vehicles

**(PAGES 1 & 2) WITH PARENT SIGNATURES and \$DEPOSITS MUST BE RETURNED BY:**

**Friday, February 9, 2018**

**La Vida ~ July 27- August 4, 2018 – Preliminary Release Forms more forthcoming**

**Medical & Emergency Care Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian can be reached on the days of the field trip at the following phone number(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Medical Information**

Check all that apply:

None

Allergic to: \_\_\_\_\_

Significant medical conditions and treatment: \_\_\_\_\_

Needs to receive the following medication while on the trip: \_\_\_\_\_

Name of medication and Dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

If taking medication on the field trip you must check one below:

Parent / guardian will deliver medication from home supply to the school

Teacher should obtain this medication from my child's supply kept by the school

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well-being while on the field trip.

My child has permission to attend the La Vida Trip July 27 – August 18, 2018 (for your child's safety, all information requested above and on next page must be provided in order for your child to attend).

\_\_\_\_\_  
Parent/Guardian Signature and Date

**PRELIMINARY RELEASE FORMS CONTINUED ON NEXT PAGE**

**PAGE 2 - PRELIMINARY RELEASE FORMS**

**Release for drive and other activities for La Vida Trip:**

My child and I fully understand the nature of this trip. I am aware of the risks of accidental and/or other physical injuries that could occur by participating in this Activity. I expressly agree and intend that my child's participation in these activities shall be undertaken by my child at his/her own risk and that neither the Faculty Chaperones, Loren Stevens, nor Bradford Christian Academy nor its trustees, officers, employees nor assigns shall be liable for any injures, damages, claims, demands, actions or causes of action whatsoever which may arise out of or in connection with my child's participation in this activity. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) traveling to and from and/or during the Activity, (b) exposure to inclement weather, and all the risks inherent in a rural environment, (c) slips and falls, and (d) any and all other aspects and stresses related to the Activity.

The terms of this Release of Liability are to be governed by and construed under the laws of the Commonwealth of Massachusetts. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect.

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Parent/Guardian Signatures

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Parent/Guardian Printed Names

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***Friday, February 9, 2018***