



Power Campus

San Tan Charter School Field Trip Waiver and Permission Agreement

To participate in this field trip please complete this form and return to the school:

Due no later than 10/09/2019

Destination Cost: \$30.00
All Payments are Non-Refundable

Destination Address: Junior High Math League Competition (6th – 8th)
14388 N. 79th Ave (Centennial High School) in Peoria

Departure Date/Time: Saturday, October 26, 2019 7:00 AM

Return Date/Time: Saturday, October 26, 2019 1:00 PM

*******Each attendee will need to bring:** Lunch/Snacks, water bottle, calculator, & pencils.

*******IMPORTANT INFORMATION:**

All attendees must be current STCS students **Please wear your San Tan Mathlete shirts.*
All attendees MUST ride the school bus to and from the event.

Student Name: _____ **Grade/Teacher:** _____

Parent/Guardian Name(s) _____

Phone #(s): _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to San Tan Charter School, its staff and volunteers, chaperones or representatives associated with this even to transport my child to a hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy No. _____

MEDICATIONS: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequencies of dosage are as follows:

1) Medication Name: _____ Dosage Use: _____

2) Medication Name: _____ Dosage Use: _____

3) Medication Name: _____ Dosage Use: _____

Allergies: _____

Additional Medical Conditions: _____

The undersigned hereby releases San Tan Charter School, its respective directors, officers and employees of and from any and all claims whatsoever arising or which may arise by reason of the Child's participation in the Field Trip including any claims due to personal injuries or illness excepting any such claim resulting from and/or arising out of the gross negligence of San Tan Charter School, its respective directors, officers or employees. Should the Child suffer injury or illness while on the Field Trip, the undersigned hereby authorizes any representative of San Tan Charter School and, in particular, any teacher accompanying the Child to authorize such medical attention for the Child as may be deemed appropriate by said representative of San Tan Charter School in the circumstances. The undersigned agrees to bear the costs of all medical care and procedures required by the Child. The undersigned also agrees to maintain appropriate medical insurance coverage for the Child while on the Field Trip. The undersigned hereby releases San Tan Charter School, its respective directors, officers and employees from any claim arising out of any medical treatment the Child may require.

The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by San Tan Charter School, its respective directors, officers and employees, while participating in the Field Trip, San Tan Charter School may, in its sole and absolute discretion, terminate the Child's participation in the Field Trip without refund for the cost of the Field Trip. In the case of a day trip, it is unlikely that the Child would be returned to school. Were this to occur, the Child would return in the company of a member of the faculty. In the case of an overnight trip, the undersigned will be contacted in advance by the Headmaster to make the necessary arrangements to ensure that the Child is properly supervised on the return trip home. Any additional costs incurred by reason of the termination of the Child's participation in the Field Trip and/or as a result of the Child being sent home will be the responsibility of the undersigned. Field trips are nonrefundable under any circumstances.

 **PLEASE CHECK ONE BOX, DATE AND SIGN BELOW**

I have carefully read this Waiver and Permission Agreement and understand the terms and conditions of it and agree to be bound thereby. The Child has the undersigned's permission to participate in the Field Trip.

Signature of Parent or Guardian: _____ **Date:** _____

The Child will not participate in this Field Trip.

Signature of Parent or Guardian: _____ **Date:** _____

Payment type (choose one): Cash **EXACT CHANGE ONLY** Check # _____ (Payable to STCS)

Visa MasterCard

If paying with card please fill out the below information, even if you have a card on file.

Card #: _____ Expiration: _____ CVV Code: _____

Zip Code: _____ Cardholder Name: _____

Volunteer/Chaperone:

I wish to volunteer for this field trip.

Name: _____ Phone Number: _____

Payment type (choose one): Cash **EXACT CHANGE ONLY** Check # _____ (Payable to STCS)

Visa MasterCard (Please list CC # in above payment spot)

Only permission slips with payments will be processed.