



**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 Friday, September 25, 2019**

**Destination Cost: \$155.00  
All Payments are Non-Refundable**

**Destination Address:** Tonto Creek Camp 235 Camp Tontozona, Payson AZ

**Departure Date/Time:** Wednesday, October 23 7:00 AM

**Return Date/Time:** Friday, October 25 2:00 PM

**\*\*\*\*\*Each attendee will need to bring: Sack lunch for the Wednesday 10/23.**

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

All attendees must be current STCS students *\*Please wear your STCS shirts if possible and closed toe shoes.*  
All attendees MUST ride the school bus to and from the event.

**Student Name:** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_

**Student T-Shirt Size:** \_\_\_\_\_ please specify **youth** or **adult**.

**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: \_\_\_\_\_

**Volunteer/Chaperone T shirt size:** \_\_\_\_\_

**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.