

Field Trip and Activity Permission Slip

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN: (return completed form to school/learning studio)



General Information and Permission to Participate:

I give permission for my daughter/son _____ ("Learner") to voluntarily participate in the field trip or activity(s) described as ALL SCVi Field Studies for the 2019-20 School Year

Activity(s) scheduled to take place from: 8 / 20 / 19 to: 6 / 12 / 20

The Learner will be responsible for bringing the following items while participating in the Activity:

Meal(s) _____ _____ _____

Please identify any allergies that the Learner may have: _____

The Learner agrees to follow all rules, regulations and instructions of iLEAD Schools Family Handbook while participating in the Activity, and I represent that the Learner is physically and mentally capable of participating in the Activity. I understand that any violation of the rules, regulations and instructions may result in a school representative contacting me and arranging transportation home for the Learner at my expense. Once the Learners have returned to the school/learning studio from the Activity, it is my responsibility to pick up the Learner from the school/learning studio. I understand that I may revoke this permission at any time by notifying the school/learning studio in writing. My revocation will not be effective until the school/learning studio has received my written revocation of permission.

Method of Transportation:

School Bus

If school bus transportation is provided for this trip, I authorize the Learner to ride the school bus. I understand that there may or may not be seat belts available on the bus for the Learner to use. If there are seat belts available, I have instructed the Learner to use one.

Bus Departure Time: _____ Bus Return Time: _____

Private Vehicle(s)

I authorize the Learner to ride in a private vehicle driven by a school employee, or driven by a parent/guardian and/or volunteer. Volunteer parent drivers not under direct supervision of a credentialed school employee will be required to provide to iLEAD Schools a copy of their valid California driver's license, current registration and proof of insurance, and must pass a background check.

Drop-off Time Time: _____ Pick-up Time: _____

Consent for Medical Treatment

It is possible that the Learner may become ill or and otherwise require medical treatment while participating in the Activity. Except in the case of an emergency, the school/learning studio shall attempt to contact the emergency contact person designated below prior to taking action, other than first-aid, related to medical treatment. This is to prevent a dangerous delay in case an emergency does occur and the school/learning studio is unable to contact the emergency contact person. The undersigned acknowledges that the school/learning studio is under no obligation to contact the emergency contact person prior to providing or obtaining the provision of first-aid treatment.

Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Address: _____ Emergency Contact Phone: _____

The undersigned parent or legal guardian hereby acknowledges that if the Learner becomes injured, suffers from illness or otherwise requires medical treatment while participating in the Activity, iLEAD Schools, including its officers, agents, employees, and volunteers including chaperons, will proceed at their discretion by taking any measures that they deem are appropriate to the type and extent of the injury or illness, unless "OBJECTION TO MEDICAL TREATMENT" is initialed below. In the event of injury or illness to Learner, the undersigned parent or legal guardian hereby authorizes iLEAD Schools, including its officers, agents, employees, volunteers including chaperons, to secure whatever treatment is deemed necessary, including the administration of an anesthetic, surgery and/or dental treatment. Should emergency medical services become necessary for the Learner, the expenses are the sole responsibility of the Learner and/or his/her parent or guardian and not that of iLEAD Schools. Personal medical insurance is strongly advised.

OBJECTION TO MEDICAL TREATMENT: _____ By initialing here, I hereby object to medical treatment for the Learner, other than for emergency first-aid treatment.

Assumption of Risk, Release from Liability, Defense and Indemnity Agreement.

I understand that participation in the Activity is voluntary and not required by the Learner's class. I acknowledge that participation in the Activity may pose certain risks of injury, both known and unknown, and I agree to assume all risks of such injury.

In consideration for permitting the Learner to participate in the elective Activity, I voluntarily agree to release, discharge, waive and relinquish any and all liability, claims or causes of action for personal injury, wrongful death, damages or property damage, occurring during or by reason of the Activity, including any medical or dental treatment, against iLEAD Schools, its governing board or any of its officers, employees, volunteers, agents, parent corporations, subsidiaries and affiliates (collectively, the "School" for purposes of this waiver and indemnity and defense agreement). I do so for myself and my heirs, executors, administrators and assigns, and even if any such claims or causes of action shall arise by the negligence of the School or otherwise.

Further, I, for myself, my heirs, executors, administrators or assigns, agree to defend and indemnify the School in the event that any claim for personal injury, wrongful death, damages or property damage in any way relating to the Learner's participation in the Activity is brought against the School.

If this box is checked, please carefully read the attached Special Activities Description, which is a part of this permission slip.

IN SIGNING THIS PERMISSION FORM, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS AGREEMENT IN FULL, INCLUDING THE SPECIAL ACTIVITIES DESCRIPTION, UNDERSTAND IT, AND SIGN IT VOLUNTARILY ON BEHALF OF MYSELF AND MY CHILD.

Parent/Guardian Signature _____ Date: _____

Learner Signature _____ Date: _____



Special Activities Description

This description supplements the Field Trip and Activity Permission Slip.

In signing the Permission Slip for the Activity, I understand and agree to all of the following:

1. Further Description of the Activity.

All SCVi Field Studies for the 2019-20 School Year

2. Risks of Activity. I understand that the Activity entails risks inherent in and normally associated with this activity, including special risks which may include, but are not limited to

I understand that participation in the Activity may pose risks that cannot be reduced with prudent safety measures.

3. Supervision.

I acknowledge that iLEAD Schools/Learning Studios, including its officers, agents, employees, volunteers including chaperons, cannot provide continuous or direct supervision or oversight of the Activity.

4. Safety Procedures.

I will ensure that before commencing the Activity, the Student and I will review the health and safety instructions, warnings and safety related guides provided in connection with the Activity. I will notify the school immediately if it appears that any health and safety instructions, warnings and guides or equipment are not provided or available as expected prior to the commencement of the Activity. I agree that the Student will follow all safety procedures and warnings.

5. Assumption of Risk, Release from Liability and Indemnity Agreement.

I acknowledge that I have completely read, fully understand and agree to the Assumption of Risk, Release from Liability and Indemnity Agreement for the Activity as stated in this Permission Slip.

IN SIGNING THIS PERMISSION FORM, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS AGREEMENT IN FULL, INCLUDING THE SPECIAL ACTIVITIES DESCRIPTION, UNDERSTAND IT, AND SIGN IT VOLUNTARILY ON BEHALF OF MYSELF AND MY CHILD.

Parent/Guardian Signature _____ Date: _____

Learner Signature _____ Date: _____