



# LIGHTHOUSE ACADEMY *of* FREDERICKSBURG

## FIELD TRIP PARENTAL CONSENT FORM

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

**SCHOOL:** LIGHTHOUSE ACADEMY, 10713 TIDEWATER TRAIL, FREDERICKSBURG, VA 22408

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ **MODE OF TRANSPORT: Bus, van or vehicles owned and operated by parents of enrolled students or current employees.**

**DESTINATION: Will change throughout year.**

**EDUCATIONAL PURPOSE: Field Trips, Special Events, PE, Sports, Rehearsals**

**DATE OF TRIP: 2010/2011 School Year DEPARTURE TIME: Various RETURN TIME: Various**

**VOLUNTEER DRIVERS MIGHT BE NEEDED FOR CERTAIN ACTIVITIES**

***ALL VOLUNTEERS MUST BE PARENTS OR FAMILY MEMBERS OF CURRENTLY ENROLLED STUDENTS.***

**SPECIAL INSTRUCTIONS:** All events will be posted on the school's website and all families will be given enough notice to opt out if desired. The name of the event, the date of the event, the departure and arrival times, the cost, the mode or transportation and the names of volunteers will be posted the morning of the event.

### **MEDICAL RELEASE**

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

### **RELEASE OF CLAIMS AGAINST THE LIGHTHOUSE ACADEMY OF FREDERICKSBURG**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE LIGHTHOUSE ACADEMY OF FREDERICKSBURG, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP. I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE LIGHTHOUSE ACADEMY OF FREDERICKSBURG AND I SIGN IT OF MY OWN FREE WILL.

### **FINANCIAL OBLIGATIONS**

I understand that all field trip, PE and any special event activities are covered under the "Activities Fee" and that **I am not** obligated to pay per event. However, if I receive any type of TUITION ASSISTANCE then I understand that **I am** obligated to pay per event. The field trip cost will be posted on the school's website and payment must be made before or the morning of the field trip unless payment arrangements have been made.

- I pay the Activities Fee monthly and do not owe per event
- I receive Tuition Assistance and do owe per event

### **BEHAVIOR EXPECTATIONS**

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

### **SIGNATURES**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Phone: \_\_\_\_\_