

<b>Student Information</b>			
<b>Name:</b>	<b>Date of Birth:</b>		
<b>Classroom:</b> High School	<b>Grade Level:</b>		

**HIGH SCHOOL FIELD TRIP & EMERGENCY TREATMENT RELEASE**

At Oneness-Family High School, students participate regularly in off-campus activities as part of the school program. Our activities may include kayaking, canoeing, backpacking, winter camping, and rafting, which are relatively safe sports. However, please realize that danger does exist. On trips, all students are directly supervised by Oneness-Family School staff and are transported to activities via public transportation or school-owned or contracted vehicles. Please complete the permission slip below so that your adolescent may participate on the field trips and the immersion trips. This permission slip should be returned to the Oneness-Family School office by September 5th. Students who do not submit a permission form may not take part in any off-campus activities.

I (parent/guardian) acknowledge that my adolescent as listed above ("my Adolescent") is in good health and I (parent/guardian) give my permission for my Adolescent to participate in off-campus activities. I also realize that such participation may result in illness, injury, or death to my Adolescent due to accident, the force of nature, or due to other causes that are not foreseeable. Such illness and injury may include disease, strains, sprains, fractures, dislocations, paralysis, and/or death. Possible injuries may cause serious and permanent disability. By my Adolescent's participation in this activity, I hereby knowingly assume the risks arising from the activity.

I consent to and authorize the School representative and/or any authorized person acting on behalf of the school ("authorized person") to administer to my adolescent first-aid treatment, whether routine or emergency, including but not limited to CPR, whether on or off School property. If the School representative or authorized person believes, in his or her sole discretion, that a medical necessity exists, I consent to and authorize them to act on my behalf as parents and guardians to contact and engage medical personnel and arrange for emergency treatment of my adolescent, including transportation for medical, dental, surgical, or hospital care, diagnosis, and/or treatment and including authorizing surgery, and I consent that that treatment for my adolescent. I understand that my adolescent may be taken to the nearest emergency room or to another facility in the discretion of the School representative or authorized person. I authorize any physician, dentist, or other licensed health care professional to provide any and all necessary treatment to my adolescent. Any health care professional or health care facility is authorized to accept and rely on the representation that I have not been reached after effort to do so. The original or a legible copy of this form shall be displayed to the health care provider and copied for or by the health care provider, but this original shall remain in the custody of the School representative or authorized person.

I understand that an effort will be made to contact me in the event of the need for emergency treatment. However, until I am reached and direct otherwise, the school representative or authorized person and the medical personnel contacted may act on my behalf. I understand and agree that I will be financially responsible for any medical, dental, surgical, or hospital treatment, care, diagnosis, surgery, transportation, and other related expenses.

I HAVE READ THE ABOVE WAIVER AND RELEASE FORM. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN VOLUNTARILY.

<b>Parent / Guardian Signature:</b>		<b>Date:</b>	
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**HIGH SCHOOL FIELD TRIP & EMERGENCY TREATMENT RELEASE****Permission to Leave School at Dismissal**

Yes

No

Students may leave school at dismissal on their own with parental/legal guardian permission. The above student has my permission to leave school at dismissal without an adult. This student must sign out with the date and time. Parents should still inform the teachers if their adolescent will be leaving by themselves at dismissal.

**Permission to Be Transported in a Personal Vehicle by Staff**

Yes

No

Do you grant permission for your adolescent to be transported in a personal vehicle by school staff, releasing Oneness-Family High School and its employees from any and all liability arising out of or related to any loss, injury, or damage that may be sustained by your adolescent as a result of traveling to and from a school-sponsored activity in a vehicle(s) not owned or operated by OFHS?

**Permission to Leave Campus at Lunchtime**

Yes

No

Students may leave school at lunchtime on their own with parental/legal guardian permission. Student must sign out with the date and time.

**Permission to Be Transported in a Personal Vehicle by Another Student**

Yes

No

Students who are licensed drivers may transport other students in their personal vehicles with parental/legal guardian permission.

The above student has my permission to be transported in a personal vehicle by another licensed student driver. I release Oneness-Family High School from any and all liability arising out of or related to any loss, injury, or damage sustained by your adolescent as a result of traveling in a vehicle(s) not owned or operated by OFHS.

**Special Note:****Parent / Guardian Signature:****Date:**