**Parental Waiver and Release Form**

As the parent or guardian, I hereby give my full consent and approval for my child who is named below to participate in the RCCA trip or field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that my child’s participation is entirely voluntary and all risk is voluntarily assumed by my son/daughter and me. Further, I understand that the potential risks may include the risk of auto accident, infectious disease, pandemic, natural disasters, and any other similar yet unforeseen event. In addition, I understand that school rules and regulations will be in effect through the duration of this trip. I have also ensured that my son/daughter understands that it is important for his/her safety, and the safety of the group, that all rules and instructions given by field trip supervisors are obeyed.

In consideration of your agreeing to take my son/daughter on the above trip, I hereby agree not to hold the school, any individual employed by the school, or the School Board of Directors liable for any expense, loss, personal injury, or accident to my son/daughter which is not the result of any negligent act or willful default of any employee or agent of the school. I will not bring any suit or asset any claim against RCCA or the field trip supervisors as a result of any action taken.

Complete **below** and **return this form in its entirety**. Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Child (**print**) Date of **Birth** **Today’s** Date

Please list any physical limitations (***including allergies***, etc.) or medications that will need to be consumed during the trip (signed doctor’s orders must be on file at the school to dispense any medication, including over-the-counter medicines): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of child’s physician (**print**) Phone number of child’s physician

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of child’s insurance carrier Insurance policy number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mother/guardian’s phone number Father/guardian’s phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of an emergency contact Emergency contact’s phone number

By signing below, I understand that the supervisor will attempt to contact me if my student were in need of medical attention. In the event that I cannot be reached, I give permission for the trip supervisor to seek medical care for my child.   
\*If student lives with both parents/guardians, both must sign below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of mother/guardian (**print**) Name of father/guardian (**print**)   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of mother/guardian Signature of father/guardian