

# FOREST HILLS

## MONTESSORI SCHOOL

### FIELD TRIP

#### Parental/Guardian Consent Form and Liability Waiver

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_

(Child's Name) \_\_\_\_\_ to participate in this school sponsored event that requires walking to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Forest Hills Montessori.

A brief description of the activity follows:

Type of event: Circus style gymnastics and tumbling class

Location of event: 8 Brookley Road, Boston MA 02130

Individual(s) in charge: Commonwealth Circus Center LLC Staff, Claire Haller, Mercedes Borrero

Date and time of departure: Mondays at 10:30 am

Mode of transportation to and from event: N/A

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Forest Hills Montessori, its officers, directors, and teachers as well as volunteers, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors, teachers, volunteers, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone : \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

