



Clover Hill High School Choral Department

Blanket Fieldtrip Permission Form

Participant Name: _____ **Group Name:** _____

Activity: All 2018-2019 CHHS Choral Department Fieldtrips

I, _____ give my permission for my child, _____ to participate in **all** CHHS Choral Department Fieldtrips for the 2018- 2019 school year. If there is a fieldtrip that I will not allow my child to participate in, I will notify Mrs. Thomas via email. I understand that Chesterfield County, its employees, volunteers, agents, staff or instructors will do all within their power to guarantee the safety of participants with respect to each activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and of the other participants. In consideration of being permitted to engage in this activity, I assume all the risks and liability that may arise from my involvement and participation in this activity. I further agree that my child will adhere to all Chesterfield County School policies and regulations.

Medical Release Form

I understand that participation in this activity can be, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who might depend on them.

1. What physical disabilities or any other condition does the participant have which might limit his/her participation in this activity?

2. Is the participant taking any medications at this time? (Including pain relievers, allergy medications)

3. Does the participant have any allergies? (i.e., penicillin, bee, food, dust, hay) If so, please indicate: _____

4. Does the participant have medication to take in case of an allergy attack? Yes _____ No _____

I have noted above any medical or physical conditions the participant has which might affect his/her activities and understand the nature of the physical demands of this activity.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the trip leader in charge to hospitalize, secure proper anesthesia, and to order injection, surgery or other medical treatment for myself as a participant or for my son, daughter or ward, as a participant.

I, therefore release any and all rights or claims for damages against the Chesterfield County Public Schools, and all individuals assisting in instruction and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with, these activities.

Student Name: _____ **Date:** ____/____/____

Address: _____

Telephone: (home) _____ (work) _____ (emergency) _____

Med. Insurance Company _____ Dr. Name: _____

Student Signature: _____

Parent or Guardian: _____ **Date:** ____/____/____

Please Fill Out Completely!