Field Trip Permission Form

Ecole Jean-Jacques Rousseau

Parental Permission, Assumption of Risks and
Medical Treatment Authorization

Date: _____

I, _____, am the _____(Name
of Parent/Guardian) (Father, Mother, Legal Guardian)

Of _____, a student/camper of **Ecole**
(Student's Name)

Jean-Jacques Rousseau LLC. I hereby give permission for the above-named child to attend all field trips on _____ anytime from 9:00 a.m. to 5p.m. I consent to the child's participation in all field trips operated by *Ecole Jean Jacques Rousseau, LLC*.

I understand that I am responsible for dropping-off and picking-up my child from and to the location of the field trips. If a ride is offered to **a full-time student of EJJR**, you authorize your child to ride with the program's vehicle.

Authorized Staff/Parent Full Name: _____ (please add the authorized parent/staff member)

Health or Special Needs: Please check appropriate

	My child has no special need the staff should be aware of, and no medication is required for the trip.
	My child has a special need, and instructions are attached. Number of attached pages ____
	Other: _____ _____

In the consideration of the child being allowed to participate in all field trips, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection of the field trip, and I further release, discharge, and/or otherwise indemnify the ***Ecole Jean-Jacques Rousseau***, its employees, staff, volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the Field Trip, including all risks connected therewith foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. In the event of illness or injury, I do hereby consent to whatever x-rays examination, medical, surgical, dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. I fully understand what is involved in these field trips and that participants have to follow all rules and regulations during the trips.

_____ _____ _____

(Signature of Parent/Guardian) (Please Print Name) (Emergency Phone number)

_____ _____ _____

(Insurance Carrier) (Policy Number) (Student Date of Birth)