

**Field Trip, Studio Program, and Special Activity Participation Form
Medical and Liability Release**



I, _____, am the parent/legal guardian of
(Parent/Legal Guardian Name)

_____, an Annoor Academy student, and I agree that:
(Child's Name)

1. The above named student has my permission to participate in Annoor Academy field trips, studio programs, and special activities during the school year. I understand that I will be notified in writing in advance of the dates and locations of these activities, and a permission form will be sent home prior to each individual activity/field trip.

2. I agree to release Annoor Academy and its Board of Education, School Director, Teachers, and all other representatives from any claim for personal injury or damages resulting from my child's participation in field trips and special programs or activities.

3. I understand the activity and give my permission for my child to participate.

4. I give permission for my child to travel by the means of transportation provided.

5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

A. Physical problems or limitations _____

B. Current Medication _____

C. Drugs or other allergies _____

D. Name and phone of physician _____

E. My name & phone _____

6. The above named student is covered by medial/liability insurance _____

7. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT ANNOOR ACADEMY AND ITS REPRESENTATIVES ARE RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP, PROGRAM, OR ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Signature)

(Date)