

ACE Academy Charter School  
2009/2010  
Parent/Guardian Permission Form

I give \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ Home High School \_\_\_\_\_

**(Please Print)**

permission to participate in field trips during the 2009/2010 school year with ACE Academy to partner facilities and other locations as required for educational opportunities.

Name of physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Name and policy number of home medical insurance: \_\_\_\_\_

**List any allergies or medical problems:** \_\_\_\_\_

**List ALL medications needed during the trip (include Inhalers/ANA or Epi kits):** \_\_\_\_\_

I understand that the rules stated in the ACE Academy Student Handbook will be in effect during any trips, and the student will be expected to abide by all rules contained therein and the instructions of the authorized leader. I further understand that the student will be subject to discipline in accordance with their home high school student handbook guidelines for failure to abide by the rules or to follow instructions.

Should an accident or other medical emergency occur during the activity or while the student is en route to or from the activity, and the responsible leaders are unable to reach a parent or guardian for medical authorization, I hereby give my consent for the responsible leaders to authorize necessary hospitalization or treatment, including/but not limited to injections, anesthesia, surgery and medication.

I agree to be responsible for any and all debts incurred by the student during the trip and for any expenses not covered by insurance that may be incurred as a result of any accident, illness or medical emergency involving the student.

I further agree that ACE Academy and its staff shall not be responsible for loss or injury not covered by insurance that occurs during this trip and I hereby release the District and its staff from any and all such responsibility or liability.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Address

Work Phone

Home Phone

Alternate Contact (Printed)

Alternate's Phone

I have read the foregoing statement, understand it, and agree to abide by its terms.

\_\_\_\_\_  
Student Signature