

# CATALINA TRIP

## FIELD TRIP PARENT AUTHORIZATION AND RELEASE FORM

Form must be completed and returned to **Ms. Maggie DeLain** by **April 29, 2022** in order to participate in this event.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Field trip to: ***Catalina Island*** Purpose: ***Senior Class Trip*** Date of trip: ***Tuesday: May 17, 2022***

Departure Time: ***8:00 a.m. from Balboa Pavilion, Newport Beach***

Return Time: ***6:00 p.m. to Balboa Pavilion, Newport Beach***

Means of Transportation: ***Catalina Flyer-Newport Beach (leave out of the Balboa Pavilion)***

Responsible/Supervising JSerra Employee: ***Mrs. Emily O'Berry, Activities Director***

I hereby request that JSerra Catholic High School ("JSerra") permit my son/daughter identified above to participate in the foregoing activity. I am aware that there are certain risks associated with such participation. I hereby knowingly and voluntarily assume full responsibility for any and all such risks (including risks of bodily injury, personal injury, death or property damage). I acknowledge that my student has no emotional or physical condition which would cause him or her to be a danger to themselves or others and that may impede the success of the trip. My son/daughter is covered by medical health insurance sufficient to provide for any medical costs that may be incurred, and in any event, I agree to be fully responsible for such costs.

Moreover, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, individually and on behalf of my minor child and minor child's heirs, representatives and assigns, hereby knowingly and voluntarily: (i) release, waive, and discharge JSerra, and each of its officers, directors, employees, agents, volunteers, and representatives ("Releasees"), of and from any and all liability, claims, demands, causes of action, losses, damages, costs (including attorney's fees and court costs) and expenses relating to or arising from such participation and sustained as a result of the negligence of JSerra (hereinafter referred to as "Losses"); and (ii) agree to indemnify and hold harmless the Releasees from all Losses. I further expressly agree, individually and on behalf of my minor child and minor child's heirs, representatives and assigns, that this release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law.

I hereby authorize JSerra personnel, as agent for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and render under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Provisions Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care, which the aforementioned physician, in exercise of his best judgment, may deem advisable.

**Parent/Guardian initials:** \_\_\_\_\_

### ***STUDENT MEDICAL HISTORY/MEDICATION AUTHORIZATION***

Allergies/medical problems/disabilities: \_\_\_\_\_

I have authorized my son/daughter to be administered the following medications: (check all that apply)

**Advil** \_\_\_ **Benadryl** \_\_\_ **Claritin** \_\_\_ **Eye Wash** \_\_\_ **Dramamine/Bonine** \_\_\_

**Sudafed** \_\_\_ **Triple Antibiotic Cream** \_\_\_ **Tums** \_\_\_ **Tylenol** \_\_\_

I have authorized my student to be administered the following prescription medication(s); (must be in original labeled container): \_\_\_\_\_

Written authorization must be on file with Nurses Office for your student to take any medication.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Additional emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Date and information is subject to change**

# CATALINA TRIP STUDENT BEHAVIOR CONTRACT

In order to ensure that this program is a positive experience for all involved, I understand and agree to the following while I am participating in this travel experience:

1. During this trip, I realize that I am a representative of the school. At all times, I will observe all school rules.
2. I will cooperate and abide by the rules/guidelines of chaperones, host families, groups and/or designated agencies.
3. I will satisfactorily complete all study, writing or work assignments associated with this program.
4. I understand that possession and/or use of alcoholic beverages, illegal drugs, or tobacco is forbidden.
5. I will dress appropriately for all activities.
6. I will be expected to make restitution for any incurred damage to property or persons, at school or in the home, accidental or otherwise.
7. For overnight trips, I understand that I will not be in any hotel room with a member(s) of the opposite sex. Inappropriate behavior of a sexual nature is also grounds to be sent home at the expense of parents/guardians.

**I understand that if any of the above is jeopardized by my behavior, my parents will be notified, and I will be at risk of being sent home immediately and unaccompanied at my parents/my own expense.**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

One Hour Stand Up Paddle Board Rental (*Requires Waiver*)

One Hour Snorkel Gear Rental (*Requires Waiver*)

One Hour Kayak Rental (*Requires Waiver*)

Two Hour Bike Rental (*Requires Waiver*)

18 holes of Miniature Golf

Glass Bottom Boat

**Please Choose  
One Activity**

*Please bring your Driver's License as some of these activities require identification.*