



Field Trip & Activity Permission Form

Bethany Lutheran School
9101 Lamar Ave.
Overland Park, KS 66207
(913) 648-2228



Consent Form and Liability Waiver: (Must be completed by parent or guardian)

I hereby give permission for _____ to participate in any and all field trips sponsored by Bethany Lutheran School (BLS) during the 2017-2018 school year. I recognize that BLS teachers will make every effort to communicate all necessary details about the trip in a timely fashion. We understand that adequate and appropriate supervision will be provided. We recognize that unanticipated situations and problems can arise on any trip, school sponsored or otherwise, and these situations or problems may not be reasonably within the control of the supervising school, their agents, officers, employees, and volunteers. I agree that the supervising school, their agents, officers, employees, and volunteers are not held responsible for any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accidents or injury to the student and the cost of medical services. I understand that an activity may require my child be transported by private car or by bus and hereby give my permission for both forms of transportation.

I assume all responsibility and liability for injury to my child, and for injury that my child may cause to others. I hereby release and forever discharge Bethany Lutheran Church & School, their officers, employees and members from any and all damage and causes of action either at law or in equity which I or my child may have as a result of participation in, attendance at, and travel to and from any of the Bethany Lutheran School activities sponsored by the school.

Emergency Authorization:

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the staff and/or volunteer leaders of Bethany Lutheran School, as my agents to give consent to any and all necessary emergency medical care for my child while said child is in attendance at any school sponsored event. Every effort will be made to contact a parent to receive specific authorization before action is taken. If efforts to contact a parent are unsuccessful, I do hereby authorize treatment, and/or care at any hospital, clinic, or emergency room.

If the child requires medication, while on any school sponsored trips, I understand that I am obligated to ensure that it is given to a supervising staff member in a clearly marked container which states the name of the medication and the dosage.

Medications: _____

Please provide two phone numbers where parent(s)/guardian(s) can be reached during activities:

Name of parent/guardian: _____ Phone: _____

Name of parent/guardian: _____ Phone: _____

Signature of parent or guardian

Date

Notary:

State of: _____

County of: _____

Signed and attested before me on this _____ day of _____, _____

Notary's signature