



SAINT IGNATIUS COLLEGE PREPARATORY, 2001 37th Avenue, San Francisco, CA 94116-1165, (415) 731-7500

ACADEMIC FIELD TRIP FORM
ST ANTHONY SERVICE PLUNGE AND SOPHOMORE RETREAT

Dates of Service Plunge and Sophomore Retreat: _____

Student's Name: _____

Parent's Name(s) _____

- I agree to direct my son/ daughter to cooperate and conform with the directions and instructions of the school personnel responsible for the activity.
- I am not aware of any medical condition of my son/ daughter which would render it inappropriate for him/ her to participate in the above described activity.
- I hereby give permission to the physician, health care provider selected by St. Ignatius teacher/ chaperone present to render medical treatment deemed necessary and appropriate by the physician.

Release, Assumption of the Risk Indemnity:

- As consideration for my student/ ward being permitted to attend the St. Ignatius-sponsored *St Anthony's Service Plunge/Sophomore Retreat*, I agree to release and hold harmless from any legal liability and agree not to sue St. Ignatius College Preparatory, its employees, agents, representatives, and volunteers from any injuries, physical or psychological, death, or personal property damage resulting from participation by my student/ ward in this St. Ignatius-sponsored activity.
- I agree to assume all risks to my student/ ward connected with the above-described excursion/ activity.
- I hereby agree to indemnify St. Ignatius College Preparatory, its employees, agents, representatives, and volunteers from any and all liability, loss or damage St. Ignatius may suffer as a result of claims, demands, costs, or judgments against St. Ignatius whether or not asserted on behalf of my student/ ward, whether the liability, loss or damage is caused by or arises out of, the negligence of St. Ignatius Preparatory, its employees, agents, representatives, and volunteers.

I hereby agree that this release and waiver of liability and assumption of risk extends to all acts by St. Ignatius Preparatory, its employees, agents, representatives, and volunteers, even if these acts are negligent.

I have read the release and waiver of liability and assumption of the risk and fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and voluntarily. And I intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian signature Date

Parent/Guardian Name (*printed*)



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**St. Ignatius College Preparatory
Religious Studies Field Trip and
Department of Campus Ministry Retreat Program
Medical and Transportation Release Form**

The Undersigned, who is parent or legal guardian of _____ (please print name of student) a minor, hereby authorizes and consents to the participation of said minor in this retreat and give him/her permission to make use of the bus, van, or car transportation supplied by St. Ignatius to and from St Anthony Foundation and DeMarillac Academy.

The Undersigned authorizes any retreat director to consent, in the case of any accident or illness, to any treatment of the above young person by a licensed medical physician and/or surgeon and/or dentist, or any hospitalization necessary, and/or to provide first aid---all in the case of an emergency when the parents or stepparents or legal guardian are not readily available.

The undersigned further agrees to pay any and all costs associated with treatment not covered by our insurance.

Student's Date of Birth _____

Medical Insurance Company _____ **Policy #** _____

Physician's Name _____ **Telephone** _____

To which hospital should we take him/her?

SF General Hospital ___ Kaiser, San Francisco ___ St Mary's Hospital ___

Closest Hospital _____ Other _____

Known Drug or Food Allergies _____

Last Tetanus Shot: Current _____ Don't know _____

Any medication currently being taken _____

Time and dosage of medication _____

Any special diet needs _____

Local Emergency Contact Person _____

His/Her Home Telephone _____ **Work Telephone** _____

PARENTS PLEASE NOTE:

Write down the Campus Ministry cell phone number in case of emergency: 415-342-0247

Parent Guardian Signature _____

Parent Guardian Printed Name _____

Home Telephone _____ **Work Telephone** _____

Cell Phone _____