THE OVERLAKE SCHOOL OUTDOOR EDUCATION TRIP PERMISSION FORM

Please fill out within two weeks of the trip, no earlier.

Student Name:	
Trip Name and Dates:	
••••••	•••••
Medical Information The following special health problems should be noted and adequation unusually severe reaction to bee stings, other severe allergies, here	
The following medications, prescriptions or special diets are needed:	
Medical Release In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized The Overlake School to secure emergency medical care as needed. Name of Preferred Doctor Phone No	
[I understand that The Overlake School does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.] Name of Insurance Carrier Policy No	
••••••••••••	
Although I understand that The Overlake School will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity. This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.	
Being fully aware of the risks, I hereby give consent for (student) to participate in the activity. Furthermore, I agree to release and hold harmless The Overlake School and all of its board of directors, employees and volunteers from any and all claims arising from this trip.	
Parent Name	Home Phone No
Home Address	Emergency No
Signature of Parent/Guardian	_Date

Please return this form to the Director of Outdoor Education before the trip or give to the Outdoor Instructors on the day of the trip.