

**CONSENT TO TRAVEL AND AUTHORIZATION FOR
MEDICAL TREATMENT**

This document is directed to the respected parents of each student who intends to participate in the _____ trip. The goals and practical details of this trip have been fully explained to each student.

“We understand that our son is responsible for exercising caution and common sense at all times to avoid injuries. We do not intend to hold any member of the Chaminade College Prep staff or Chaminade responsible for any situation over which they have no direct control. We agree that if our son becomes ill or incapacitated, any member of the Chaminade College Prep staff, without incurring any liability, may take such action as he considers necessary under the circumstances, including securing medical treatment for our son and transporting our son to the appropriate medical facility or home at our expense. We agree to release any member of the Chaminade College Prep and Chaminade from any liability for the quality and timeliness of any medical care received or for any expenses incurred. Additionally, we are comfortable with the fact that the Chaminade College Prep staff will be imposing certain rules and disciplines to which they expect our son to adhere. We understand that if our son fails to adhere to those rules, we will be immediately contacted and will be expected to assume the expenses of the student’s immediate return home if no other reasonable accommodations can be agreed to. We will indemnify the Chaminade College Prep staff and hold them harmless for any financial liability or obligation, which our son personally incurs or injury or damage to any other person or property that our son causes or to which he contributes. We the undersigned parents/guardians also agree to accept responsibility for our son while he is out of town and shall not hold any member of the Chaminade College Prep responsible for our son’s actions. Finally, we hereby advise that our son _____ has our permission to participate in all activities conducted on this trip to during the heretofore stated time frame.”

Student Signature

Date

1st Parent/Guardian Signature

2nd Parent/Guardian Signature