



Heritage

CHRISTIAN ACADEMY

2011 HCA Senior Music Tour

Student name: _____

Activity: Heritage Christian Academy Senior Band/Choir Spring Tour

Dates: April 26 – May 3, 2011

Teacher-in-Charge: Torri Airhart

School Responsibilities: The school will make every reasonable effort to ensure or ascertain that:

- 1) The staff/volunteers/service providers involved are suitably trained and qualified.
- 2) The students are adequately supervised over all aspects of the trip.
- 3) All activities are appropriate and safe.

Consent and Acknowledgement of Risk:

- 1) Mode of transportation: Air/Coach Bus, I accept this mode of transportation:
- 2) I acknowledge my right to obtain as much information as I require about this trip and associated risks and hazards, including information beyond that provided to me by the school.
- 3) I freely and voluntarily assume the risks/hazards inherent in the trip and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
- 4) My child and I have been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and or service providers' supervisors over all phases of the trip.
- 5) In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I may be contacted to have him/her picked up at my own expense.
- 6) I acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child, which may affect him/her participation on the tour and activities relating to it.
- 7) I consent that the school, through the teacher –in-charge may secure medical advice and services as they deem necessary for my child's health and safety, and that I will be financially responsible for such advice and services.
- 8) Based on my understanding, acknowledgement and consents as described herein, I agree that _____ has my permission to participate in this trip.

Yes No

(Parent/Guardian Initial)

(Insert Student's Name)

Date: _____

Parent/Guardian Name(please print) _____

Parent/Guardian Signature _____



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2011 HCA Senior Music Tour Trip Medical Information

Student name: _____

DOB: _____

Allergies(drugs, foods, insect) Specify: _____

Reactions to above: _____

Carries medication/epi pen? Yes No

Medical conditions that may affect participation on tour/
require program modifications/or specific activities your
child should not participate in: _____

Medicines taken (name, dosage, storage, potential side
effects): _____

Other health/medical/dietary concerns: _____

Emergency contacts:

Name:

Phone(H)

(W)

(C)

1.

2.