



BUSINESS OFFICE
 THE LOVETT SCHOOL
 4075 PACES FERRY ROAD N.W.
 ATLANTA, GEORGIA 30327-3099
 TEL 404.262.3032 FAX 404.261.1967

Last Name	First
Teacher in Charge	

**THE LOVETT SCHOOL'S
 OFF-CAMPUS TRIP AND EXTENDED-TRAVEL
 PARENT/GUARDIAN CONSENT FORM
 AND DISCLAIMER OF LIABILITY AGREEMENT**

The purposes of this agreement are: (1) to provide parental/guardian consent for the student named below to go on this trip; (2) to release The Lovett School* from any and all liability arising out of this trip; and (3) to provide parental/guardian consent to the chaperone(s) designated by The Lovett School (hereinafter "chaperones") to make necessary medical decisions during this trip for the student.

As parent or guardian of the student named below, I give my consent for the student to go on this trip. I have received a full and satisfactory description of trip arrangements, schedules, and costs. For the duration of this trip, including times of travel to and from destinations, I agree that the chaperones shall have such authority as is necessary to maintain order during this trip and to ensure the health and safety of the student. I have explained this to the student, emphasizing that the designated chaperones have such authority during this trip.

DISCLAIMER OF LIABILITY

I understand that The Lovett School does not accept any liability of any kind arising out of the student's participation or any activity undertaken in connection with this trip. I understand that this disclaimer of liability on the part of The Lovett School is not limited to claims for personal injury or property damage but extends to any claim made in connection with the trip. In exchange for The Lovett School's agreeing to take the student on this trip, I hereby release and hold harmless The Lovett School, as defined in this agreement, from all actions, causes of action, damages, claims, or demands of any kind which are or may be asserted by the student, by the student's parents/guardians on behalf of said student, and/or by the student's parents/guardians on their own behalf, arising out of or in connection with any personal injuries, property damage, financial loss, or any other claim arising out of or in connection with this trip, including, but not limited to, lost deposits or other financial loss due to cancellations, curtailments, or other changes in the trip's itinerary.

The U.S. Government remains deeply concerned about the security of Americans while travelling. This concern can lead the U.S. government to issue warnings of increased risk of attacks by those who harbor grievances against the United States. Government agencies advise travelers to observe all necessary precautions and safety measures. I understand that travel is done at my and the student's own risk, financial or otherwise.

Trip sponsors will be alert for Travel Warnings issued by the U.S. State Department and other warnings contained in Consular Information Sheets. Travel Warnings occur when the State Department recommends that Americans avoid travel to a certain area. Such Travel Warnings can be found at the following website: <www.travel.state.gov/travel_warnings.html>. If a Travel Warning occurs for the region of our planned travel, I understand that the trip may be cancelled or curtailed or that the itinerary may be otherwise changed. I understand that The Lovett School does not accept any liability for lost deposits and/or payments for trips that are canceled, curtailed, or otherwise changed, whether by The Lovett School, by me, or by the student, because of Travel Warnings, increased risk of terrorist attack, wartime situations, disruptions by travel suppliers, or any other reason beyond the control of The Lovett School.

I understand that The Lovett School recommends that I purchase travel insurance to cover the costs of any cancellations, curtailments, or other changes to the trip's itinerary. I further understand that I am solely responsible for the decision to purchase or not to purchase such insurance.

I understand that conduct by student participants in this trip shall be in accordance with standards specified in The Lovett School Student Handbook. I understand that violations of these standards of behavior, as determined by the chaperones, may result in the student being sent home early at my expense. These conduct provisions have been explained by me to the student named below.

* For purposes of this release, "The Lovett School" is defined as the school, its trustees, employees, administrators, agents (including non-employee chaperones), and assigns, as well as their respective heirs and/or executors.

MEDICAL AUTHORIZATION

I agree that the chaperones shall have such authority as is necessary to ensure the health and safety of the student during this trip. For purposes of authorizing medical treatment in a medical emergency during this trip, I agree that the chaperones stand *in loco parentis* and that they, on my behalf, have the right to authorize any and all medical treatment, surgical procedures, dental procedures, and/or hospitalizations which may, in the judgment of the chaperones, be necessary in a medical emergency, including the right to authorize invasive procedures, the administration of anesthetic, and/or the provision of nourishment and fluids. I have explained this to the student, emphasizing that the designated chaperones have such authority during this trip. I have provided to The Lovett School necessary information regarding any allergies and/or medical limitations that the student may have, as well as the name of the student's physician and any health insurance information that may be necessary in the event that a medical emergency arises.

DESTINATION: _____ **DATES OF TRAVEL:** _____

Name of Student (Printed) **Student Birth date** **Age**

Name of Parent/Guardian (Printed) **Phone (H)** **Phone (W)** **Phone (Other)**

Emergency Contact Name **Phone (H)** **Phone (W)** **Phone (Other)**

Parent/Guardian Home Address

Health History

My child is currently taking medications:

Med #1 _____ **Dosage** _____ **Reason** _____

Med #2 _____ **Dosage** _____ **Reason** _____

My child has medication allergies (please list): _____

My child has food allergies: _____

My child has other allergies: _____

Other medical conditions: _____

Name of Student's Physician (Printed) **Telephone Number**

Health Insurance Provider **Policy Number**

I have read this agreement, and understand and agree to all its terms. I am authorized to execute this agreement and do so voluntarily and with full knowledge of its significance.

Name of Parent/Guardian (Printed) **Signature of Parent/Guardian** **Date**

Name of Student (Printed) **Signature of Student** **Date**