



Jewish Enrichment Center

Hyde Park

Special Day! Field Trip Waiver

Dear Parent or Guardian,

Your child is going on a field trip with the Jewish Enrichment Center! Please read the information at the top of this form and return the permission slip at the bottom of the form.

Date: Thursday, February 8, 2018

Location: Hull House

Means of Transportation: CTA Bus

Time: 8:30AM- 3:30PM

Additional Information: Please pack a veggie lunch, which we will bring with us!

Child's Name:

Child's Birth Date:

Parent/Guardian's Name:

Behavior on Field Trips

I understand that my child's participation in field trips is a privilege. I acknowledge that I have spoken with my child about following Jewish Enrichment Center rules and behaving in a safe and appropriate way on field trips. I understand that Jewish Enrichment Center's policies apply to my child and other children during the course of the field trip.

(Initial here) _____

Personal Liability

I understand that this field trip may expose my child to some risks, and I assume any such risk that may arise therefrom. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, however, I hereby release the Jewish Enrichment Center, its staff, its administrators, its Advisory Board, and the professionals and officers of the Jewish Enrichment Center's fiscal sponsor, Congregation Rodfei Zedek, from and against any and all claims, demands, actions, complaints, and suits or other forms of liability that any of them may sustain a) arising from my child's failure to comply with the behavioral expectations of the Jewish Enrichment Center; or b) arising out of any damage or injury caused by my child. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

(Initial here) _____

Emergency Medical Treatment Authorization

I confirm that my child has no medical or physical conditions which would impede participation in this field trip. I agree to disclose to the Jewish Enrichment Center any medications and/or prescriptions my child may need to take during the field trip.

Please note medications and prescriptions your child needs to take here:

I understand that my child, in a serious emergency, may have to be taken to the nearest hospital emergency room. In the event of a hospital visit, the Jewish Enrichment Center will notify me or a listed emergency contact as soon as possible. I will be responsible for any and all charges incurred.

In the event of serious illness or injury to my child, I consent to the administration of emergency medical care for my child. I authorize the chaperones to act on behalf of my child while participating in the field trips.

(Initial here) _____

I (Parent/Guardian) _____ grant permission for my child, (Child's Name) _____ to participate in this Jewish Enrichment Center Field Trip to the Hull House on February 8, 2018.

(Signature)

(date)