



Student Activity and Transportation Consent Form

Name of event: Preview Screening of Documentary: *Good Night Oppy*

Destination: Cinemark, 3800 Dallas Parkway, Plano TX 75093

Date of event: November 18th

Approximate beginning and ending time: 9:15 AM – 12:00 PM

Purpose of trip: Educational Field Trip

This form provides my consent and permission for the Einstein School student listed below to participate in the off-campus activity listed above. I understand that it is my responsibility to transport my student to the event, and the Einstein School will arrange for transportation returning to campus, and I provide consent and permission for my child to travel in the arranged manner for this event. I understand and agree that I am responsible for picking up my child from the Einstein School at the end of the school day.

*We are requesting that parents who can assist us with carpooling students back to campus do so when the movie is over. Einstein School staff and parent volunteers will transport any students back to school who are not driven by their parents.

Student Information:

Student Name: _____

Grade: _____

Parent/Guardian: _____

Parent/Guardian Phone: Work _____ Cell phone _____

Emergency Contact: _____

Phone #: _____

Medical Information:

Physician: _____

Phone # _____

Provide any medical condition which the school should be made aware of before allowing your student to participate. Also include any allergies (list special allergies, i.e. peanuts, etc.).

Describe allergy symptoms/treatment (i.e. EpiPen, etc.).



List any medications the student needs to have available on the field trip (i.e. inhaler). ____

Consent and Liability Waiver

As a parent or guardian, I fully understand that some activities on field trips involve inherent risks to students regardless of reasonable safety measures that may be taken by the school. In consideration of the school's agreement to allow my child to participate in the referenced field trip, I assume the risk in my student's participation in the event.

I acknowledge that I will not seek to hold the Creative Learning 4 Kids or the Einstein School, its Directors, Executives, Staff, Teachers, Employees or other person assisting the Einstein School with this Field Trip liable if any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my child's participation in the field trip. This release of liability includes accident, injury, loss, damages to the student or to other individuals or property which may result from the student's participation and transportation to and from the event. I hereby release from liability and agree to hold harmless the Creative Learning 4 Kids and the Einstein School, its Directors, Executives, Staff, Teachers, Employees or other persons assisting the Einstein School with this Field Trip liable from any claims arising out of my child's participation in the field trip.

I have read and understand and accept all above statements and accept full responsibility as described.

In the event it becomes necessary for school staff to obtain emergency care for my child, I authorize and accept full financial responsibility for Einstein School employees or volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment for my child.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Student signature if 18 or older: _____

Date: _____