



Field Trip Consent Form

Name of event: Senior Day TopGolf

Destination: TopGolf Allen, [1500 Andrews Parkway, Allen, TX 75002](#)

Date of event: Friday, May 5, 2023

Approximate beginning time and ending time of event: 1:00 – 3:00 PM

Purpose of trip: For seniors to celebrate together and enjoy their last day as Einstein students. Costs for this event are covered by graduation fees.

This field trip 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 the Einstein School will not provide transportation and I will therefore arrange travel or provide consent and permission for my child to travel to the event with a person listed below. I understand and agree that I must arrange transportation for my child on the day of the event.

Student Information:

Student Name: _____ Grade: _____

Parent/Guardian: _____

Parent/Guardian Phone: Work _____ Cell phone _____

Emergency Contact: _____ Phone #: _____

Transportation will be provided by _____

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. If I choose not to permit my student to participate in this field trip activity, my student will be expected to attend school on the day of the field trip and will be provided with alternative educational activities under the supervision of a teacher.

I acknowledge that I will not seek to hold the Einstein School, its Directors, Executives, Staff, Teachers, Employees or other persons 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 in the event. I hereby release from liability and agree to hold harmless 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 the 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: _____