

CENTRAL BUCKS SCHOOL DISTRICT
PERMISSION SLIP FOR OVERNIGHT TEAM TRIP

Departing School _____ Date _____

Swimmer's Name _____ has my permission
to go to _____ from _____ to _____
(destination) (date) (date)
for _____ I understand that transportation will be by _____
(name of meet) (bus, train, etc.)
with _____
(CBST Coach)

Additional Information

Please note any special health conditions, allergies, illnesses, etc.

In case of emergency during the event, I can be reached at

(location)

(phone)

A NURSE WILL NOT BE AVAILABLE TO ADMINISTER MEDICATIONS ON FIELD TRIPS. PARENTS MUST PACKAGE MEDICATIONS INCLUDING EPIPENS AND INHALERS AT HOME AND DELIVER IT TO THE COACH IN A SEALED ENVELOPE. MEDICATIONS THAT MUST BE DELIVERED IN PERSON NEED TO BE GIVEN DIRECTLY TO YOUR CHILD'S COACH BY A PARENT. ON THE ENVELOPE PLEASE INDICATE YOUR CHILD'S NAME AND THE TIME THE MEDICATION NEEDS TO BE GIVEN. THE CHILD WILL BE REQUIRED TO SELF ADMINISTER THE MEDICATION UNDER THE SUPERVISION OF THE COACH.

IN THE CASE OF EXTREME EMERGENCY, WHEN THE PARENT CANNOT BE CONTACTED, I GIVE CBST STAFF PERMISSION TO CALL A PHYSICIAN TO TAKE WHATEVER ACTION DEEMED NECESSARY.

CONSENT CERTIFICATE and PERMISSION AND RELEASE WAIVERS

To be eligible for participation in team travel this waiver must be on file with the Community School and this certificate of consent signed by the parent/guardian and also by the participant. The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the undersigned understands that the risk of injury is assumed by the undersigned when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any participant injured during the course of any such activities or travel, the undersigned does hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

STATEMENT REGARDING ACCIDENT INSURANCE WAIVER

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School, and Central Bucks Aquatics **DO NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assumes **NO LIABILITY** for injuries sustained from participation/travel. We/I, the undersigned, further acknowledge and agree that neither the School District, the Community School or Central Bucks Aquatics will assume any liability for any injuries sustained by participation in the program/travel. We herein release the School District, the Community School, CB Aquatics, its agents, representatives, employees, volunteers and the like from any and all liability related to the participation in the programs offered by the School District and Community School or related travel. I give my consent for the above named swimmer to take part in any community school aquatic programs/travel.

STATEMENT REGARDING CENTRAL BUCKS AQUATICS POLICIES

I have read and agree to the policy statements of CB Aquatics as provided on the team website and through other team communications.

Parent/Guardian Signature _____

Swimmer's Signature _____