

**SUA ATHLETIC TRANSPORTATION/OVERNIGHT TRIP
PERMISSION FORM AND HIPPA RELEASE**



Dear Parent or Legal Guardian:

Your son/daughter, guardianship, _____ (name) is eligible to participate in a school sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees/volunteers from Success Unlimited Academy. A brief description of the activity follows: Group: Success Unlimited Academy Athletic Teams Activity Goal: Various sporting events, including tournaments, away games, and team building activities. Designated Supervisor(s): School employees and designated parent volunteers Method of transportation: School van and/or parent volunteers Medical Information: My student has the following medical problems that you need to be aware of during the activity:

He/she will be on the following medication during the activity:

MEDICAL EMERGENCY RELEASE:

Federal guidelines under HIPPA require a signed release form to be on file medical information or attention can be given on the student named above. IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENTS OR GUARDIAN OF THE PARTICIPANT. IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE FOLLOWING PEOPLE TO DISCUSS AND SEEK MEDICAL TREATMENT BY PHYSICIANS TO TREAT, HOSPITALIZE, ORDER INJECTIONS, ANESTHESIA OR ORDER SURGERY FOR MY CHILD- The Athletic Director, Coaches, Trainers, School Administration, Insurance Agent (Planned Benefits services), and Designated Parent Volunteers.

LIABILITY RELEASE:

IF YOU WOULD LIKE YOUR STUDENT TO PARTICIPATE IN THIS EVENT, PLEASE COMPLETE, SIGN, AND RETURN THE FOLLOWING STATEMENT OF CONSENT AND RELEASE OF LIABILITY. AS PARENT OR LEGAL GUARDIAN, YOU REMAIN FULLY RESPONSIBLE FOR ANY LEGAL OR FINANCIAL RESPONSIBILITY THAT MAY RESULT FROM ANY PERSONAL ACTIONS TAKEN BY THE NAMED STUDENT. I HEREBY CONSENT TO PARTICIPATION BY MY STUDENT IN THE EVENT(S) DESCRIBED ABOVE. I UNDERSTAND THAT THIS EVENT WILL TAKE PLACE AWAY FROM THE SCHOOL

GROUNDS AND THAT MY CHILD WILL BE UNDER THE SUPERVISION OF THE DESIGNATED SCHOOL EMPLOYEE/VOLUNTEER.

I FURTHER CONSENT TO THE CONDITIONS STATED ABOVE ON PARTICIPATION IN THIS EVENT, INCLUDING THE METHOD OF TRANSPORTATION. I HEREBY WAIVE AND RELEASE ANY CLAIM AGAINST THE SCHOOL AUTHORITIES FOR ANY INJURIES SUFFERED BY MY CHILD DURING SUCH TRIP WHETHER CAUSED BY THE NEGLIGENCE OF THE DESIGNATED SUPERVISOR OR OTHERWISE. IN THE EVENT OF AN INJURY SUFFERED DURING THE TRANSPORTATION TO AND FROM THE SITE, I AGREE TO LOOK SOLELY TO THE INSURANCE CARRIER PROVIDING INSURANCE ON THE TRANSPORTING VEHICLE FOR COMPENSATION.

Parent/Guardian _____

Emergency Number: _____

Address: _____