



# Tidioute Community Charter School

*Providing a World Class Education in a Small Town Environment*

## Field Trip/Activities Authorization Form

The Tidioute Community Charter School will utilize various community resources to empower our students to excel academically, socially and as contributing members of our community. This will foster a dynamic learning environment emphasizing our unique heritage and natural resources. The following list includes, but is not limited to, activities that will be an essential part of each student's learning experience: Tours of our local colleges and other extended learning programs, College and Career Fairs, exploration of land and historical sites, and much more. Transportation by bus or van will be made available as needed by the Charter School.

### Parent(s)/Guardian(s) permission and release of claims

I (We) \_\_\_\_\_ give my (our) permission for my (our) child to participate fully in all TCCS Activities. I (we) hereby waive and release any claim against the Charter School, its representatives, agents, or chaperones for any loss, injury, or liability, which may arise as a result of my participation in this activity. I (we) agree to provide health insurance to cover any and all treatment necessitated by any injuries sustained by \_\_\_\_\_, and, in the absence of health insurance, to pay any and all bills for treatment due to injuries sustained. The school does have insurance coverage for special circumstances but the "responsible party" for student insurance coverage is the parent/guardian.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

In case of emergency on the day of the event, and a parent/guardian is unable to be reached, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Commitment

I, \_\_\_\_\_ agree to abide by the guidelines of TCCS Discipline Policy and will conduct myself accordingly. Student's Signature \_\_\_\_\_ date: \_\_\_\_\_

**241 Main Street \* Tidioute, Pa 16351**  
**Phone (814)484-3550 Fax (814)484-3977**  
**[www. Tidioutecharter.com](http://www.Tidioutecharter.com)**