

PARENT PERMISSION FORM FOR FIELD TRIPS, STUDY TRAVEL ACTIVITIES AND TRANSPORTATION FOR CO-CURRICULAR ACTIVITIES

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:

__ YOUTH HEALTH RALLY by CAPE @ Dutchess Stadium _____ on 10/5/17 _____
(Date)

Time: Leave: 8:15am _____ Return: 1pm _____ We understand that transportation will be by:

_____ School Bus _____ at a cost of \$ 0 _____ :
(Mode of transportation)

and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Ketcham High School and the Wappingers Board of Education, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Wappingers independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Student Name (Please print)

Parent or Guardian (signed)

Date

Home Phone _____

Work Phone _____

Cell Phone _____

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Required medications: _____

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition Other

Medical Condition

Required medications: _____

Other medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on record in the Health Office. (If ordered by the student's physician, an epi pen must be provided for all field trips).