

**FAIRHAVEN PUBLIC SCHOOLS  
FIELD TRIP PERMISSION FORM**

\* *This form must be filled out, signed, and returned or the student will not be allowed to participate.*

**I. PLEASE FILL OUT (REQUIRED)**

\_\_\_\_\_ has my permission to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_  
(Students' Name)

In case of emergency, I can be reached at: \_\_\_\_\_  
(Telephone / cell number)

\* Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

**II. PLEASE FILL OUT (REQUIRED)**

My child  does  does not HAVE SPECIAL MEDICAL NEEDS.

Special medical needs may include: daily medication, inhalers, epipens, etc. Medical intervention or medication to be administered by:  Parent/Guardian  Staff Member  Other \_\_\_\_\_ (Please specify individual)

The medical intervention or medication is: \_\_\_\_\_

\* Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

**III. CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT**

I, WE, the undersigned parent(s) or guardian(s) of \_\_\_\_\_ minor enrolled in the Fairhaven Public Schools, hereby CONSENT to his/her voluntary participation in a day or extended long distance field trip to \_\_\_\_\_ (event/location) planned for \_\_\_\_\_, 20\_\_ (month, day, year) and sponsored by the Fairhaven Public Schools.

I, WE, hereby forever RELEASE AND DISCHARGE the Fairhaven Public Schools and its departments, officers, employees and Agents (hereinafter collectively referred to as the "District") of and from any and all claims, damages, losses or expenses of whatever kind, nature or description which I, WE, may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting from, directly or indirectly, said minor's voluntary participation in the field trip.

I, WE, also hereby forever RELEASE AND DISCHARGE the District of and from any and all claims, damages, losses or Expenses of whatever kind, nature or description which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her voluntary participation in the field trip.

I, WE, also hereby agree to DEFEND AND INDEMNIFY the District against any claim, damage, loss or expense of whatever kind, nature or description that the District may have to pay arising out of said minor's intentional, grossly negligent or reckless acts or omissions while voluntarily participating in the field trip.

I, WE, also hereby AUTHORIZE any and all employees or agents of the District who are supervising said minor on the field Trip to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while on the field trip. This authorization and consent may be presented to the appropriate emergency medical personnel at such time as emergency medical care is required. I, WE, also hereby forever RELEASE AND DISCHARGE the District of and from any and all claims of whatever kind, nature or description that may arise out of the decision to provide emergency medical care.

I, WE, have read and understand the foregoing document and certify that I, WE, have received a copy of said document.

\* Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_