

Field Trip Permission Form

Dear Parent or Guardian,

Your child is going on a field trip. Please read the information in the field trip schedule information packet sent separately. Then, sign and return this permission slip by [May/June](#).

Field Trip Information

Date: (circle the dates child will attend) [5/31, 6/6, 6/14, 6/20, 6/26](#)

Location: [Various Locations](#).

Purpose: [to have fun and experience new things](#)

Cost: [Varies: see field trip list](#)

Payment: (circle one) [cash](#) [check made to Tottenham's](#) [brightwheel](#)

Means of Transportation: [Tottenham's bus](#)

Leave school: [times vary](#) Arrive back at school: [times vary](#)

Special Instructions: [Wear a Tottenham's shirt and bring a water bottle on each trip.](#)

***All children are expected to be on their best behavior on all field trips. Please discuss this at home before each trip. Recurring incidents may lead to expulsion from field trips.**

Authorized to Treat Minor Students

In the event that I cannot be reached in an emergency, I hereby permit the concerned school authorities to call 911 and/or to contact a medical facility or physician selected by the school to provide proper treatment to _____. I will be responsible for all expenses arising in association with such treatment.

Prescription or Over-the-counter Medication

_____ Please initial here to certify that you have, in your child's file at his/her regular school office, a current profile enlisting necessary medication that he/she must take.

_____ Please initial here if your child does not take any medication.

Choose one.

Acknowledgment of Notification Regarding Risk

I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of 'high risk' to the participants.

Indemnity and Waiver of Claim

I, the undersigned, parent/legal guardian of _____, hereby agree to indemnify and hold harmless the school, its employees, volunteers, its governing board, the individual members thereof, and all other school officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Parent's Signature: _____ Date: _____