GUILFORD PUBLIC SCHOOLS
PARENT PERMISSION/WAIVER FORM FOR FIELD TRIP

_________________________ School

I/We the parent(s)/guardian(s) of __________________________ (please print name) understand the nature of the trip being planned to:

________________________________________ on __________________________

Departure Time: _______________ Return Time: _______________

We understand that the transportation will be by: ______________________________ mode of transportation

We are in accord with the purposes of and procedures governing the trip and we hereby grant permission for our son/daughter to participate.

We recognize that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, where situations or problems are not reasonably within control of supervisors. We agree that the Guilford Board of Education and its employees are not to be held legally responsible in the event of accident or injury and we will hold the Guilford Board of Education and its employees harmless from any costs, liabilities or expenses related thereto.

In the event that a student must return to ______________________ School 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.

Should the Board of Education and/or its administration cancel the field trip after monies have been paid, we understand that the Board and its administration will make a good faith effort to obtain reimbursement of such monies; however, we recognize that the Board and/or its administration is under no obligation to provide such reimbursement from public funds and, accordingly, we hold the Board and its administration harmless from any financial losses we may incur.

I certify that I am the parent or legal guardian of the above named student and that I have read and understood the foregoing release and waiver and that I, in consideration of the Board of Education’s allowing my child to participate in the activity described above, agree to release and waive any claim or legal cause of action that I might have against the Board of education arising out of any act or omission of the Board of Education, its officers, officials, employees, volunteers and agents. I further grant my full consent and authorization for my child to engage in this activity.

________________________________________
Parent’s Name (please print)

________________________________________
Telephone number/cell number

________________________________________
Parent or Guardian Signature

________________________________________
Date

***Please complete the information on the back of this form and return as directed by the teacher.***
Student’s Name (please print)

Please check below IF your child has a known sensitivity to:

☐ Bee Sting       ☐ Nuts       ☐ Other (please specify)

Required medication:_____________________________________________________________________________________

Please check below if your child has:

☐ Asthma       ☐ Diabetes       ☐ Other conditions (please specify)

Required medication: ______________________________________________________________________________________

If medication is required, please be sure that the medication and the medication authorization form are on record in the health office. (If required, and epipen MUST be provided for all field trips.)

Specific Notes from the head chaperone concerning food, dress, etc.

______________________________________________________________________________________________________________

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