

Shrewsbury High School
Field Trip Permission Form

I give my permission for my child _____ to attend the **(trip and date)**.

Shrewsbury Public Schools Parental Consent, Release from Liability and Indemnity Agreement

We the undersigned father/mother or guardian(s) of _____ a minor, do hereby consent to his/her participation in a voluntary field trip and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Shrewsbury, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Shrewsbury Public Schools voluntary programs; FURTHERMORE, we/I hereby agree to protect the Town of Shrewsbury and its successors, departments, officers, employees, servants, and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in and travel to and from this Shrewsbury Public Schools voluntary field trip program, and to INDEMNIFY, reimburse or make good to the Town of Shrewsbury or its successors, departments, officers, employees, servants and agents any loss of damages or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said programs.

Should illness or accident occur during the event or during travel to and from the event, I will not hold Shrewsbury Public Schools or its employees, any of our sponsors or their employees or any adult supervisor liable for any medical or additional expenses. I give my permission for any medical attention to be given if my child becomes injured or ill. I will also not hold Shrewsbury Public Schools or its employees, any of our sponsors or their employees or any adult supervisor liable for any loss of personal property.

All rules pertaining to behavior and attendance as outlined in the Student Handbooks for the students' level are strictly enforced at all times. Any student violating any rules in the Student Handbook will be subjected to the appropriate discipline upon his/her return to school. If necessary, disciplinary actions will also be taken while students are still on the trip including being sent home immediately. The student's family will be responsible for expenses required to send a student home should it be determined necessary.

I/We acknowledge that the Superintendent of Schools may, for any reason the Superintendent deems is in the best interests of those traveling and the school district, decide to withdraw approval for this trip at any time prior to the trip's start date, or may require students, leaders, and chaperones to return from

the trip early. If approval is withdrawn by the Superintendent prior to or during the trip, the Shrewsbury Public Schools shall not be liable for refunding any funds expended by families for the trip; for this reason, families may wish to purchase private travel insurance.

Date	Signature of Parent or Guardian	Student Signature
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Please print name of Parent or Guardian: _____

Updated May 2016

Medical Authorization Form

Student Name _____ Age _____ DOB _____

Address _____ Home Phone _____ Cell Phone _____

Guardian or Mother's Name _____ Work Phone _____

Guardian or Father's Name _____ Work Phone _____

Student lives with: Mother ___ Father ___ Other ___ (relationship) _____

Insurance Carrier Name _____

Card Number _____

Does the carrier have to be informed before treatment, in case of medical emergency?

YES ___ NO ___

If so, please give insurance carrier telephone number and any special instructions or procedures that must be followed:

() _____

Emergency Contact _____

Emergency Contact Phone _____

Please list any allergies (to food, medication, insect bites, etc.)

Please list any medication that your child will be taking during school trip:

Prescription: _____

Over the counter: _____

Are there any medical conditions that we should know about? YES____ NO____ If so, please describe:

In the event that you cannot be reached, please give names of at least two people who could be contacted in case of an emergency.

Name _____ Home () _____

Relationship _____ Work () _____

Mobile () _____

Name _____ Home () _____

Relationship _____ Work () _____

Mobile () _____