

**Shrewsbury High School**  
**Field Trip Permission Form**

I give my permission for my child \_\_\_\_\_ to attend the trip to \_\_\_\_\_ on \_\_\_\_\_. The students will be traveling to \_\_\_\_\_.

**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 the Shrewsbury Public Schools voluntary field trip programs, 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, 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 SHS Student Handbook are strictly enforced at all times. Any student violating any rules in the SHS Student Handbook will be subjected to the appropriate discipline upon his/her return to school.

**This trip is an academic trip sponsored by the Shrewsbury Public Schools. The Shrewsbury Public Schools administration may withdraw approval of this trip for any reason at any time prior to the trip. A school administrator may also withdraw approval for an individual student or group of students to attend, or to be sent home from the trip, for any reason according to the administrator's judgment. If the trip is canceled for any reason, or if a student is removed from the trip prior to or during the trip, Shrewsbury Public Schools is not responsible for reimbursement of funds that were paid by the student or student's family for the trip.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Student Signature

Print name of Parent or Guardian: \_\_\_\_\_

**Shrewsbury High School**  
**Overnight Trip Permission Form**

I give my permission for my child \_\_\_\_\_ to attend the trip to \_\_\_\_\_ on \_\_\_\_\_. The students will be traveling by \_\_\_\_\_.

**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 the Shrewsbury Public Schools voluntary field trip programs, 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, 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 SHS Student Handbook are strictly enforced at all times. Any student violating any rules in the SHS 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. Parent will be responsible for expenses required to send a student home should it be determined necessary.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Student Signature

Print name of Parent or Guardian: \_\_\_\_\_

**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 ( ) \_\_\_\_\_

Name \_\_\_\_\_ Home ( ) \_\_\_\_\_

Relationship \_\_\_\_\_ Work ( ) \_\_\_\_\_