



**Attleboro Public Schools
Field Trip Consent and Release Form**

File: IJOA-E1

I. Consent to Participate in Voluntary Field Trip

I, the undersigned _____ (parent/legal guardian) of _____ (student), a minor, do hereby consent to my child's participation in a Voluntary field trip sponsored by the Attleboro Public Schools. I am aware That my child will be traveling to _____ from _____ to _____.
(date/time) (date/time)

My child has my permission to participate in this voluntary field trip. I agree that this participation is at the discretion of the Attleboro Public Schools.

II. Emergency Treatment and Medication Consent

I, _____ (parent/legal guardian – please print), give permission to the Attleboro Public Schools' staff or chaperones to act on my behalf for _____ (student's name) in the event of a medical emergency.

The School District has your emergency information on file. Is there any change in that information and/or is there new information we need? Yes No

If yes, please describe. _____

Will medication be required during the field trip? Yes No

If yes, please complete the Parent/Guardian Authorization for Medication Delegation Day Field Trip/Special Event Form.

As per the Attleboro Public Schools' Policy on Medications (M-JLCD), students may not carry any medication (prescription and non-prescription) on a field trip. If medication is necessary, school personnel must carry the medication and dispense it to the student. Written instruction signed by the student's physician must be on file with the school. These instructions must include the diagnosis, name of medication, dosage, and time of administration. Medication must be in the original labeled container.

III. Consent and Release

I further affirm that I have read this Consent and Release Form and that I understand the contents of the form. I understand that my child's participation on this trip is voluntary and that my child and I are free to choose not to participate in said field trip. By signing this Form, I grant permission for school

personnel to administer medication to my child as prescribed by his/her physician. I also affirm that I have decided to allow my child to participate in the voluntary school-sponsored field trip with full knowledge and acceptance of the provisions of this consent and release form. I have determined the nature and extent of the planned activities, and feel that the student is of sufficient age, ability and discretion to participate.

I promise to indemnify, defend and hold harmless the sponsors, the Attleboro Public Schools, its officers, employees, agents, volunteers, and anyone assisting in the field trip (collectively hereafter "the District") from responsibility from any and all associated losses, claim of loss, injury, damage or expenses, of whatever kind and nature, including attorney's fees, which I may have or acquire as the parent(s) or guardian(s) of said minor, as well as any claims, demands, causes of action, charges, lawsuits, loss of services, compensation, costs, including without limitation attorney's fees, damages and/or liability of any kind, which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, arising out of or resulting, directly or indirectly, from the student's travel to or participation in this Field Trip.

I also acquit, release and discharge the District from any and all claims, damages, losses or expenses of whatever kind or nature, including attorney's fees, which I may have or acquire as the parent(s) or guardian(s) of said minor, as well as any claims, demands, causes of action, charges, lawsuits, loss of services, compensation, costs, including without limitation attorney's fees, damages and/or liability of any kind, which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, arising out of or resulting from, directly or indirectly, from travel to or participation in this Field Trip.

In signing this form I acknowledge that the following policies apply to the Field Trip: Attleboro Public Schools' Policy on Medications, Attleboro Public Schools' policies on student behavior and the Student Handbook rules. The student will also follow the reasonable requests of chaperones/advisors.

I acknowledge that the School Committee reserves the right to cancel a trip up to the departure date or to recall a trip in progress due to safety concerns or any other reason deemed appropriate by the School Committee, that a parent/guardian may lose any and/or all of the funds he/she/they have expended for the voluntary trip; and that the District shall be forever held harmless for remuneration of any and/or all costs associated with this voluntary trip.

I understand that there may be a risk of injury to the student inherent in the Field Trip and I hereby assume these risks. Although serious injuries are not common, it is impossible to eliminate the risk.

Parent/Legal Guardian Signature	Printed Name	Date
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Parent/Legal Guardian of _____

The Attleboro Public School System does not discriminate on the basis of age, race, color, national origin, sex, disability, religion, gender identity, or sexual orientation.