

## **NYACK PUBLIC SCHOOLS**

## **FIELD TRIP** PARENT PERMISSION AND RELEASE FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN OF EACH STUDENT AND RETURNED TO SCHOOL PRIOR TO PARTICIPATION IN A SCHOOL FIELD TRIP

I, the undersigned, the parent or legal guardian of $\_$	hereby
grants permission for my child to participate in t	he following trip, which is scheduled on
[insert date of trip]:	
[Identify the Field/Education Trip, identify the trip leads	ers and Insert the Trin Itinerary or refer to an
Attached Document, along with a Description of Hazards of Participants. Also Include a List of Required Equipme	s, Skills or Conditioning that may be Required
Transportation will be provided by	[insert Mode of Transportation]
I understand that the leaders of this trip will make emergency treatment is necessary, I hereby grant to to obtain any emergency medical care, diagnoses, ar this trip and to transport my child, as needed, to obtain	o the trip leaders permission and authority nd treatment on behalf of my child while on
My child's physician is (provide Name, Address and T	elephone Number of Child's Physician):
Two emergency contacts are (List their Names, Addre	ess, Emails and Telephone Numbers):
2.	

 $<sup>^1</sup>$  For example, for a rafting trip a district may indicate that participants must know how to swim since rapids and fast water will be crossed.  $^2$  Such as special clothing, insect repellant, backpacks, etc.

	Print Name of Parent or Legal Gu	ardian
Date	Signature of Parent or Legal Guar	dian
is caused by the negligence or intentiona	al misconduct of the released parties.	
,	described trip, except and unless such inju	ıry or damage
bodily injury and/or property damage of	f any kind, to the extent permissible by la	w, arising out
claims, actions and causes of action (i	ncluding costs and attorneys' fees) of a	ny nature for
employees, officers, and representatives	s from and against any and all liability, le	oss, damages,
hereby covenant and agree to release a	nd hold harmless the Nyack Public School	ols, its agents,
I, the undersigned, the parent or lega	al guardian of	do
My child and I have read and understar abide by these rules.	nd the school's code of conduct for trips.	We agree to
and I have made arrangements for him/l	her to receive their medication as required	i.
My child takes the following medication	:	
this tuin.	and the may meet to the meet meet the	
My child has the following medical cond	ditions that may interfere with his/her Pa	articipation on