

**TRIP PERMISSION FORM**

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_

Trip Description: (See Exhibit A) \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Policy and Group Number: \_\_\_\_\_

**This form must be completed and signed by at least one legal parent or guardian.**

**Consent:** I am the parent or legal guardian, of the student named above, and request that my child be allowed to participate in the above trip. I specifically consent to my child’s participation.

In requesting that my child be allowed to participate in the trip, I acknowledge (a) that my child’s participation on this trip is completely voluntary and is in no way required by the Milford School Department, or any teacher or employee of Milford School Department and (b) that I understand that the Milford School Department may not have insurance coverage relative to the trip or for any injuries which occur on the trip.

***TRIP RISKS MAY INCLUDE:***

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Knowing the above, I hereby assume all of these risks.

I understand and agree that the trip may be cancelled or rescheduled at the discretion of the Milford School Department due to weather, or other reasons. I further understand and agree that the Milford School Department will not be responsible for any non-refundable deposits, penalties or other charges resulting from cancellation or rescheduling.

**Release:** On behalf of my child and myself, I hereby release from liability and waive the right to sue the Milford School Department, its past and present governing School Committee members, administrators, employees, agents, and representatives, in their personal and professional capacities (individually and collectively “the School”) and their respective successors, and assigns, from and against all claims, including claims arising directly or indirectly from the School’s own negligence, resulting in any physical injury, illness (including death) or economic  
MILFORD SCHOOL DEPARTMENT

loss which may result from my child’s participation in this trip, travel to and from *list appropriate towns/cities* (including car or bus travel), or any events incidental to this trip. I further agree to hold the School harmless from any and all claims, loss or damage to personal property, liabilities and costs, including attorney's fees, as a result of my child’s participation in this trip, and if the School incurs any of these types of expenses, I agree to reimburse the School.

The Milford School Department will not be responsible for any expenses incurred as a result of a chaperone’s decision to send a student participant home earlier than the scheduled return time due to the student’s unacceptable behavior. Students and their parents will be held responsible for any damage done to real or personal property. Parents agree to pay for any damages that may be done by their child.

I understand that this release is contractually binding and that this document is written to be as broad and inclusive as legally permitted by the State of Maine. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I also agree that if I or my successors assert any claim in contravention of this agreement, I or my successor shall be responsible for the expenses (including legal fees) incurred by the School in defending such claim.

This agreement may not be modified orally, and a waiver of any provision shall not be construed as modification of any other provision herein or as consent to any waiver or modification.

**Medical Treatment:** I hereby give permission to the trip supervisor(s) listed on the attached Exhibit A to obtain emergency medical, dental, surgical care and/or hospitalization for my minor child during the trip. I hereby authorize any health care professional or hospital to provide my child appropriate emergency care when presented with this form or a duplicate copy of this form.

Identify any health condition or disability your child may have of which the trip supervisor(s) should be aware: \_\_\_\_\_

\_\_\_\_\_

Identify any accommodations you are requesting for any disability your child may have: \_\_\_\_\_

\_\_\_\_\_

Identify all prescription medications that your child must take during the trip (include name of medication, frequency, dosage, and any special instructions): \_\_\_\_\_

\_\_\_\_\_

**Behavioral Rules and Expectations:** I acknowledge that all students have been instructed, and are expected:   A. To comply with all school rules and policies, including rules respecting conduct while attending school events; and  
                          B. To comply with all rules and directions given by the trip leader(s), including the guides provided.

In the event any expectations or instructions are violated, the student’s participation may be immediately terminated. I agree that if the trip leader(s) decide that my child must be sent home

immediately due to his/her misbehavior, I will bear the full additional travel expenses, if any. I also understand that any student who violates school rules and policies on the trip may be subject to disciplinary action.

**I have read and understand the above. I have full legal authority to grant the consent and the release described above, on behalf of my child and of his/her parents and/or legal guardians.**

**CAUTION: READ CAREFULLY BEFORE SIGNING.**

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Print name: \_\_\_\_\_

**EXHIBIT A**

**Trip Description**

TRIP DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

TRIP ITINERARY: \_\_\_\_\_

SUPERVISION: \_\_\_\_\_

**The Trip supervisor will:**

- \* Maintain a list of all parents/guardians and their telephone numbers;
- \* Maintain a list of all medical information for each student participant; and
- \* Maintain a current itinerary.

ACCOMMODATIONS: (Name, address, telephone number, fax, website if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adopted: 5/17/18