

8th Grade Field Trip Permission Slip/ Release Forms

Student's Name _____ DOB _____

E-mail Address you would like us to use _____

Student's Address

_____ Street _____ Town _____ State _____ Zip _____

1. Name of Parent/Guardian _____

Phone (h) _____ Phone (w) _____ Phone (c) _____

Address (if different from above)

_____ Street _____ Town _____ State _____ Zip _____

2. Name of Parent/Guardian _____

Phone (h) _____ Phone (w) _____ Phone (c) _____

Address (if different from above) _____

With whom does your child live? _____

Safety is our top priority. At the end of the fieldtrip children will only be released to a **parent/guardian** unless granted written permission.

I hereby permission for my child _____ to be picked-up by the following adult(s) at the end of the field trip.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Additional emergency contacts other than above.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

► I understand that this field trip is off school grounds. I give permission for my child to leave school grounds and be transported if necessary

yes no

Medical Information Specific To Our 8th Grade Canoe Trip

Can your child swim? _____ Yes _____ No

If your child cannot swim they can still go on the trip but will need to be in a canoe with at least one adult and stay with a support canoe whenever we are on the water.

Does your child have any allergies? (food, drug, insect) _____ Yes _____ No

Please describe the allergy:

What information can you share with us to help us best meet your child's needs?

Are there any social, emotional, behavioral, or health conditions that we should be aware of?

Doctor _____ Phone _____

Dentist _____ Phone _____

Release

I hereby give permission for my son/daughter _____ to participate in 8th Grade canoe trip to the Adirondacks. I assume all risks and hazards, incidental to such participation, including transportation to and from activity, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Twinfield Union School, Washington North Supervisory Union, their officers, agents, officials, employees and volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to my child.

Signature of Parent or Guardian: _____ Date _____