



FIELD TRIP/TRANSPORTATION PERMISSION AND WAIVER FORM

Permission, Waiver, Release and Indemnity Agreement

In consideration of the student named below (the “Student”) being permitted to participate in the field trip to _____ (the “Field Trip”), the undersigned, parent(s) or legal guardian(s) of the Student, hereby agree(s) to the following terms and conditions set forth below:

1. **Participation:** Permission is granted for the Student to participate in the Field Trip with the understanding that the Student is not mandated to attend this field trip. I/We understand and acknowledge that certain risks are inherent in this type of excursion and I/we assume liability and responsibility for any such risks associated with participation in the activity.
2. **Expectations:** I/We understand and acknowledge that the Student is expected to abide by all school regulations during the course of the activity. I/We agree to direct the Student to cooperate with the directions and instructions of the supervisory personnel in charge of the Field Trip.
3. **Hold Harmless:** I/We acknowledge that, as a condition of the Student’s participation in this activity, I/we hold harmless and waive any and all claims against Laurence School, its officers, employees, agents, and volunteers, including, but not limited to, claims arising out of any ordinary negligence of any officer, employee, agent, student or volunteer of the School, or any loss or damage to personal property occurring during or by reason of the Student participating in this activity.
4. **Release from Third-Party Liability:** I/We understand that Laurence School is not an agent of, and has no responsibility for, any third party including without limitation any sponsor or program that may provide any services, equipment, training or activities associated with the above mentioned activity.
5. **Indemnification:** As a condition of the Student’s participation in this Field Trip, I/We indemnify Laurence School for all claims resulting from the Student’s participation in the activity including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property.
6. **Medical Care:** I/We consent to any of the staff, employees, agents and representatives of Laurence School administering or consenting to the administration of such emergency medical care to the Student as such person deems appropriate in the circumstances, and hereby authorize medical treatment in case of emergency.
7. **Medical Insurance:** I/We understand and acknowledge that Laurence School does not carry or maintain health, medical, or disability insurance coverage for the Student and therefore agrees to assume the responsibility for such insurance coverage on the Student.
8. **Medical Conditions:** I/We agree to provide to Laurence School, no later than **[Date]**, current information concerning any medical or physical conditions, including, but not limited to, allergies, asthma, and medications, of the Student, and names and phone numbers for emergency contact.
9. **Severability:** If any provision of this agreement is held invalid or unenforceable, the remainder of this agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.
10. **Voluntary Agreement:** The Student and the parent(s)/guardian(s) acknowledge that they have read the “Permission, Waiver, Release and Indemnity Agreement” and are aware of the legal consequences of signing

this binding document. My signature below indicates that I have read and freely signed this agreement. I further certify that I am legally competent to sign this agreement.

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

Name of Student _____
(Print Name)

Student _____ / _____
(Signature) (Date)

Name of Parent/Guardian _____ / _____
(Print Name) (Date)

Parent/Guardian _____ / _____
(Signature) (Date)

Name of Parent/Guardian _____ / _____
(Print) (Date)

Parent/Guardian _____ / _____
(Signature) (Date)

EMERGENCY AND MEDICAL INFORMATION

The undersigned, parent(s), or legal guardian(s) of the Student hereby agree to the following terms and conditions set forth below:

In the event of accident or emergency, when a parent/guardian is unavailable, a representative of the school is hereby authorized to make such arrangements as he/she considers necessary for the Student to receive medical/hospital care, including necessary transportation. Under such circumstances, the Student and the parent(s)/guardian(s) further authorize the physician named below to undertake such care and treatment of the Student as he/she considers necessary. In the event the physician is not available, such care and treatment is authorized to be performed by any licensed physician or surgeon. The Student and the parent(s)/guardian(s) consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **The undersigned parent(s)/guardian(s) understand(s) that the resulting expenses will be the responsibility of the parent(s) or guardian(s).**

The following information will accompany the faculty and children on the trip:

Emergency contact: Name: _____ Tel. No. _____
Additional contact: Name: _____ Tel. No. _____
Name of Student's Primary Physician: Name: _____ Tel. No. _____

Please note any important medical or allergy information, including any limitation to or on medical treatment rendered to Student: _____

A special note to Parent(s)/Guardian(s): (1) All medications must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) [] Check here if there are **no** special problems that the staff should be aware of and no medication is required on the trip; (4) If any medication(s) are to be taken by student, list them below. (Name of drug and reason) _____

My signature below authorizes Student to participate in the field trip:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____
PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

(COPY OF FORM TO BE CARRIED BY SUPERVISOR ON FIELD TRIP)