

# HARRISON PUBLIC SCHOOLS

## PERMISSION SLIP FOR TRIPS

I hereby give permission for \_\_\_\_\_,  
(Name of Student)

Grade \_\_\_\_\_ to go on a trip to \_\_\_\_\_ on  
(Grade) (Name of Place or Trip)

\_\_\_\_\_, 20\_\_\_\_\_. The students will be leaving school at  
(Date)

\_\_\_\_\_ (a.m. / p.m) and will return at approximately \_\_\_\_\_ (a.m./ p.m.).

\_\_\_\_\_ will be sponsoring the trip.  
(NAME OF SCHOOL, CLASS OR SCHOOL ORGANIZATION)

As part of giving this permission, I/We agree to hold the Harrison Board of Education, including, but not limited to, its employees, agents, chaperones, volunteers, etc., individually and collectively, (hereinafter referred to as "Board") completely harmless and I/We indemnify the Board, from any claims or suits of any kind whatsoever, of or relating to this school field trip and /or related transportation. I/We understand that the Board is not responsible for any loss or damage the student may incur participating in this program.

I/We also agree that the Board shall assume any responsibility for any intentional conduct of the student that results in a claim arising out of this trip. All claims for intentional conduct are hereby waived. The undersigned will indemnify and save harmless the Board from all liability for claims arising out of intentional and/or contributory negligent conduct of the student against the Board. "Trip" includes the period between the time when the student leaves the school and returns home.

In addition, I/We, the undersigned, being the parent(s) or legal guardian(s) of the above minor do hereby authorize the designated the school's staff and/or chaperones to whom we have entrusted the care of this minor, consent to any necessary emergency medical or surgical treatment, anesthesia or any required diagnostic tests in event the I /we cannot be contacted.

The nature of this field trip requires all students to strictly adhere to the supervisory guidelines.

In the event page 2 is not completed, I am certifying that my child does not have: medical/physical condition(s) requiring medication, special nursing and/or special transportation needs.

\_\_\_\_\_  
(PRINT NAME OF PARENT/LEGAL GUARDIAN) (DATE)

\_\_\_\_\_  
(SIGNATURE OF PARENT/LEGAL GUARDIAN) (DATE)

\_\_\_\_\_  
(EMERGENCY PHONE NUMBERS)

MEDICAL/PHYSICAL AND/OR SPECIAL TRANSPORTATION NEEDS

(COMPLETE THIS SIDE ONLY IF ANY CONDITION APPLIES)

Student Name:

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My child has the following special transportation needs:

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My child has the following medical and/or physical condition(s):

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a) \_\_\_\_\_ My child will not need to take medication or require special nursing assistance on this trip, a doctor's order confirming this is attached.

b) \_\_\_\_\_ My child will need to take medication on this trip. (A prescription medication form completed and signed by parent/guardian and physician is required. The form may be obtained from the school nurse.)

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(PRINT NAME OF PARENT/LEGAL GUARDIAN) (DATE)

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(SIGNATURE OF PARENT/LEGAL GUARDIAN) (DATE)

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(EMERGENCY PHONE NUMBERS)