HARRISON PUBLIC SCHOOLS

PERMISSION SLIP FOR TRIPS

I hereby give permission for _______________________________________
(Name of Student)

Grade _______ to go on a trip to _______________________________________
on
(Grade) _______________________________________, 20_____. The students will be leaving school at
(Name of Place or Trip)
(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)

Page 1 of 2
MEDICAL/PHYSICAL AND/OR SPECIAL TRANSPORTATION NEEDS  
(COMplete this side only if any condition applies)  

Student Name:  

My child has the following special transportation needs:  

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

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.)  

(PRINT NAME OF PARENT/LEGAL GUARDIAN)  

(DATE)  

(SIGNATURE OF PARENT/LEGAL GUARDIAN)  

(DATE)  

(EMERGENCY PHONE NUMBERS)  

Page 2 of 2