

Rye Middle School
FIELD TRIP PERMISSION SLIP

I _____ give permission for _____
(Name of Parent/Legal Guardian) (Name of Student)

to attend the following trip: _____ with _____
(Identify Field Trip) (Name of Faculty)

Date(s): _____ Departure Time: _____ Returning Time: _____

Transportation: _____

Trip Details: _____

My child has the following medical conditions that may interfere with his/her participation in this activity: _____

My child takes the following medication: _____ and I have made arrangements for him/her to receive their medication as required.

In the event emergency medical treatment is necessary, give the activity leader(s) the right to transport and authorize medical treatment on behalf of the child. Parent/Guardian understands that the activity leader(s), or designee, will make every effort to reach him/her prior to authorizing any medical treatment.

My child's physician is: _____
(Name, City and Telephone Number of Child's Physician)

Two emergency contacts are:

(List the Names and Telephone Numbers of the Emergency Contacts)

I understand and support the Code of Conduct guidelines pertaining to standards of behavior expected of students. I will comply with these standards. Failure to adhere to these standards will result in disciplinary action. I understand that I am responsible for any work missed and that I am expected to return to class with any assignments due and prepared for any tests or quizzes. My child and I have read and understand the school's Code of Conduct. We agree to abide by these rules.

I hereby covenant and agree to release and hold harmless the Rye City School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in this field trip.

(Student Signature) (Date)

(Parent/Legal Guardian Signature) (Date)

(Parent/Legal Guardian Print name)

Note: If there is a fee for any curriculum-based field trip, confidential financial assistance is available. Please call the Principal, Dr. Edwards at 967-6100, extension 2908.