

**ST. MARYS AREA SCHOOL DISTRICT  
PERMISSION AND RELEASE FORM FOR FIELD TRIPS**

<b>PERMISSION AND RELEASE FORM DUE TO OFFICE BY:</b> _____	
Student Name: _____	Grade: _____
Address: _____	
Sponsoring Organization: _____	Date of Field Trip: _____
Destination: _____	
Departure Time and Place: _____	
Return Arrival Time and Pickup Site: _____	
Trip Advisor: _____	Contact Phone Number: _____

**Parent/Guardian/Student:**

By signing this form, you acknowledge, understand and agree to the following:

1. You understand that all District rules and policies apply to the child during this field trip and have spoken to the child about such and the need to comply with the same.
2. Certain risks to your child may arise from participation in this field trip. You knowingly and voluntarily assume such risks and accept full responsibility for all medical expenses and other damages resulting from any injuries or death sustained to the child by reason of participation in the field trip or administration of medication during the field trip.
3. You hereby waive, release and forever discharge the St. Marys Area School District, its Board Members, administrators, teachers, employees, agents, assigns and volunteers (“released parties”) from and against any and all claims and forms of liability that may result from and during the child’s participation in the field trip. You further agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgements. This Release shall be construed broadly to provide a release and waiver to the maximum extent possible under the law.
4. You nominate the adult leader of the field trip as your agent to consent for medical treatment and hospital care of the child when the leader deems a medical emergency exists. You expect to be contacted about such treatment, care and emergency as soon as may be practical.
5. You have fully and accurately completed the medical section below. You acknowledge that a nurse or other health care professional may not be present at or during the field trip. You agree that medication can be administered to the child by the child’s parent/guardian, the child if over the age of 13 years, or an adult leader if he or she feels comfortable doing the same. Only medication that is absolutely necessary shall be administered during the field trip. The medication shall be properly labeled, in the original bottle, and limited to the amount which is necessary for administration during the field trip/field trip. The trip advisor will be in possession of the medication during the trip.
6. You understand that you can refuse to sign this Form, in which case the child will not be permitted to participate in the field trip.

<b>MEDICAL INFORMATION:</b>	
Medical Conditions: _____	
Allergies: _____	
Medications being taken: _____	
Physical Handicaps or Limitations: _____	
Medical Insurance Provider and Policy Number: _____	
Medication Necessary for Field trip: _____	
Reason for Medication: _____	Time to be taken: _____
<b>If more space is needed, please write on the back of this form.</b>	

\_\_\_\_\_  
**Printed Name of Parent/Legal Guardian/or Student if over 18 yrs. old**

\_\_\_\_\_  
**Phone/Cell Number**

\_\_\_\_\_  
**Emergency Contact Name**

\_\_\_\_\_  
**Phone/Cell Number**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian/or Student if over 18 yrs. old**

\_\_\_\_\_  
**Date**