Bourne Public Schools

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Field Trip Consent Form

Dear Parents/Guardians:

Field trips for the purpose of educational enrichment are a traditional component of our school program. Participation of students on field trips is not required; if student do not participate, an alternative exercise will be provided for them. Teachers and parent volunteers always accompany students on these trips. We expect students to maintain the same behavior on field trips as that expected throughout the school year. Please note that infractions prior to the field trip could jeopardize the student's opportunity to participate. Due to limited funding, admission/transportation fee(s) may be requested from each student to help defray the cost. In order for your child to participate, you must complete and return this permission slip, together with requested fee(s) by

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Date of Trip:		_
Destination:		_
Departure:	Return:	
Cost:	Lunch Deta	ls:
Emergency contact number d	uring field trip:	
Medical needs during field tr	ip:	
from the school grounds and the conditions stated above o In consideration of my child release the including volunteers, (collect	that my child will be under the super n participation in this event, including being allowed to participate in this ficand the Bourne Publively "Releasees"), from any and all	eld trip, I hereby agree on behalf of myself and my child, to ic Schools, their employees, agents, and representatives, claims including negligence, which may be asserted by my
on behalf of myself and/or m Releasees from any and all cl arising from or relating to my intentional misconduct or gro	y child is held to be invalid or unenfor aims including negligence, which may child's participation in the field trip ass negligence; nor does this release of	y child's participation in the field trip. In the event this release reeable, I hereby agree to indemnify and hold harmless y be asserted by me or my child, or on behalf of my child, This release of indemnification does not apply to claims for f indemnification apply to the extent of commercial insurance ply to the extent of any self-insurance or deductible to any
I have instructed my child to	follow the rules of conduct as directed	d by the school.
Students Name:		
Parent/Guardian Signature: _		
Date:	Phone Number:	
Parent/Guardian chaperon I am interested in being a	es are still needed/have not been in the chaperone Yes No	inalized.