



HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

Field Trip Consent & Release Form

I. Consent to Participate in Voluntary Field Trip

I, the undersigned _____ parent/legal guardian of _____ (student), a minor do hereby consent to my child's participation in a voluntary Field trip sponsored by the Hamilton-Wenham Regional School District. I am aware that my child will be traveling to _____ on _____ at _____

Location of Trip Date(s)
Time(s)

My child has my permission to participate in this voluntary field trip.

I agree to release and hold harmless the Hamilton-Wenham Regional School District, the members of the School Committee and its officers, agents, and employees (herein referred to as "District") from any and all liability for personal injuries to my son/daughter or other damage to personal or property that might result in any way from his/her voluntary participation in the activity and fully release the "District" and its employees from any liability in connection with those decisions.

II. Emergency Treatment & Medication Consent

I, _____ parent/legal guardian, give
(Please Print)
permission to the Hamilton-Wenham Regional School District staff or chaperones to act on my behalf for _____ in the event of a medical emergency.
(Student's Name Please Print)

Are there any changes, or new information needed to the Emergency Contact Form that the School District has on file? Yes ___ No ___

If Yes (new information) _____

Will medication be required during the field trip? Yes ___ No ___

Please Describe: _____

As per the Hamilton-Wenham Regional School District Policy on Medications (H8010), students may not carry any medication (prescription and non-prescription) on a field trip. If medication is necessary, school personnel must carry the medication and dispense it to the student. Written instruction signed by the student's physician must be on file with the school. These instructions must include the diagnosis, name of medication, dosage, and time of administration. Medication must be in the original labeled container.

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The District does not discriminate in its programs, activities or employment practices based on race, color, national origin, religion, gender, gender identity, sexual orientation, age or disability.

Updated 2.12.14



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III. Consent & Release

I further affirm that I have read this Consent & Release Form and that I understand the contents of the form. I understand that my child's participation on this trip is voluntary and that my child and I are free to choose not to participate in said field trip. By signing this form, I grant permission for school personnel to administer medication to my child as prescribed by his/her physician. I also affirm that I have decided to allow my child to participate in the voluntary school-sponsored field trip with full knowledge and acceptance of the provisions of this consent and release form. In signing this form I fully release the Hamilton-Wenham Regional School District Committee and its officers, agents, and employees (hereafter referred to as "District") from any liability in connections with those decisions and provisions:

1. That the Hamilton-Wenham Regional School District Policy on Medications will apply to a student who needs to be administered medication while on a field trip.
2. That Hamilton-Wenham Regional School District policies on student behavior and Student Handbook Rules & Regulations apply to all PK-12 field trips.
3. That the School Committee reserves the right to cancel a trip up to the departure date or to recall a trip in progress due to safety concerns or any other reason deemed appropriate by the School Committee
4. That a parent/guardian may lose any and/or all of the funds he/she/they have expended for the voluntary trip.
5. The District shall be forever held harmless for remuneration of any and/or all costs associated with this voluntary trip; and
6. The District will not be liable to anyone for personal injuries, property damage, or financial loss my child or I may suffer in voluntary Hamilton-Wenham Regional School District field tip programs.

Parent/Legal Guardian Signature

Printed Name

Date

Parent/Legal Guardian of (Student's Name)

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