

WINDHAM SCHOOLS
Field Trip Form
Parental Consent and Release Form

I, _____, am the parent or guardian of
(parent / guardian)

_____, a minor, who desires to participate in
(student)

the following school activity.

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by Windham Schools, I release and hold harmless Windham Schools, its agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

I have signed this form on _____.
(Date)

Parent/Guardian

Address

Telephone Number

Instruction:

1. Please read entire form, if there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
2. Fill in all the blanks.
3. If you have more than one child participating, please complete one form per child.

Field Trip Form
Parental Consent and Release

Medical Authorization

(To be filled out if student will/may need *epipen* medication while on a field trip.)

I, _____, as the parent or guardian of
_____, authorize _____
(student) * (responsible adult)

to assume care and responsibility of my child while on the following school sponsored
activity _____ on _____
(date)

In the event that medication is needed, i.e., EpiPen, inhaler, or other prescription
medications, the above-mentioned responsible adult has my permission to dispense
medication as directed.

Signature (Parent/Guardian) Date

Signature (Adult Assuming Responsibility) Date

*If your student has an EpiPen you must list a responsible adult (staff member) listed
on your consent to administer form that will be on the field trip or another parent
volunteer you have instructed in EpiPen use that will be responsible for your child.

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Adopted by WSB on 7/5/05

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Medical and Emergency Care Information
(To be filled out for each field trip)

Student Name _____
Address _____
Date of Birth _____ Teacher _____ Grade _____

Parent Name: _____
Parent can be reached at the following phone number (W) _____
(C) _____ (H) _____

Other contact: _____ (W) _____
(C) _____ (H) _____

Student's Doctor _____ Phone # _____
Insurance and # _____
Date of last tetanus shot: (6th -8th grade only) _____

Check all that apply:
_____ Allergic to: (food, drugs, insects) _____
_____ Chronic medical problems: _____
_____ Current Medications: _____

Does your child have an EpiPen: _____ Yes _____ No If yes,
a) The parent must accompany the student on a field trip or be in attendance at the school – sponsored activity.
b) If the stipulations as outlined above cannot be met, the parent shall notify the school authorities, in writing, authorizing a responsible adult to assume the care and custody of the student. (see reverse side)
c) My child has a Doctors order to self administer EpiPen _____ Yes _____ No _____

Needs to receive the following medication while on the field trip:
1. Name of medication _____
Time to be given _____
_____ To be given in the event of an allergic reaction only.

2. Name of medication _____
Time to be given _____
_____ To be given in the event of an allergic reaction only.

You have my permission to assist / supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. **In case of medical emergency, in the event I cannot be reached, I authorize Windham Schools, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.**

Parent Signature Date