

ANCHORAGE PUBLIC SCHOOL

FIELD TRIP PERMISSION AND MEDICAL RELEASE

PLEASE COMPLETE THE FOLLOWING AND RETURN TO YOUR CHILD'S HOMEROOM TEACHER.

The undersigned parent (or guardian) of _____
(Pupil's Name)

Hereby grants permission for the above named student to participate in the following field trip;
including all organized activities and transportation:

Date: _____ Fee (if any): _____

Trip Description/Location: _____

Supervising Staff Member(s): _____

Approximate time of Departure: _____

Approximate time of Return: _____

Purpose: _____

Transportation will be by: ___ School Bus ___ Commercial Bus ___ Walking

In consideration of the advantage of this field trip, the undersigned agrees that the Board of Education of Anchorage, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be exempt from liability for damages for bodily injury or property damage that might occur during the trip, except to the extent of Insurance Liability as provided by law.

To Whom It May Concern: We (I), as Parent(s) of _____ do hereby authorize and direct the staff of Anchorage Public Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Students must have proof of private insurance or student accident insurance to participate in co-curricular or extra-curricular activities or field trips away from school.

Signature of Parent/Guardian

Phone Number

Date Signed

Alternate Phone Number

TEACHER COPY

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OFFICE COPY