



HAMPSHIRE COUNTY SCHOOLS

Field Trip Consent to Participate

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from school. This activity will take place under the supervision of Hampshire County Schools Employees. A brief description of the activity follows:

Name of Event: _____

Destination: _____

Designated Supervisor: _____ Method of Transportation: _____

Date & Time of Departure: _____ Estimated time of return: _____

If you would like your child to participate in this event, please complete, sign and return the following statement of consent. By signing this Consent and Release of Liability parent or guardian acknowledges that any field trip involves known or unanticipated risks, including transportation related hazards and accidents and/or illnesses in remote locations without medical facilities for prompt care. **Student participation in this activity is purely voluntary and if you elect to withhold consent for your child to participate, other suitable activities will be provided at the school location during the school day.**

The undersigned, for myself, my spouse, my child, our heirs, executors and administrators in consideration of the participation ("and my participation" if the undersigned is a student 18 years of age or older) in the above-described activity, AGREE:

1. I have been informed of the details of this educational field trip experience.
2. My child has my permission to participate in this supervised field trip experience.
3. I agree to instruct my child to obey all rules, regulations and instructions given by teachers, volunteers, and/or authorized school personnel. I further agree that no teacher, volunteer or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.
4. This field trip experience is considered as school work and will be conducted as a regular class.

I have had the opportunity to read this Consent to Participate; and I voluntarily and willfully sign this release as my free and voluntary act.

Signature of Parent or Guardian: _____ Date: _____

Signature of Student (if 18 or older): _____ Date: _____

Lunch information (check one): _____ SCHOOL PACKED LUNCH _____ HOME PACKED LUNCH

STUDENT EMERGENCY INFORMATION

Student Name: _____ **Grade:** _____

In case of emergency, contact the following person:

Mother/Guardian: _____ Home phone: _____

Cell Phone: _____ Work phone: _____

Father/Guardian: _____ Home phone: _____

Cell Phone: _____ Work phone: _____

Others who may be contacted in the event of an emergency:

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Medical information:

Student's Physician: _____ Phone: _____

List Allergies: _____

List medications the student takes: _____

Handicaps or medical needs: _____

Please circle any of the following conditions that may apply to your child:

Diabetes Seizures Asthma Heart abnormalities Visual/Hearing Impairment

Other: _____

In the event that the school is unable to locate a parent or guardian in an emergency, I hereby authorize school authorities to have my child transported for emergency treatment and give permission for the information on this card to be released to the medical facility and personnel providing emergency treatment.

The school personnel, medical providers are hereby authorized to render such treatment as may be deemed necessary in an emergency for the sustained good health of my child

Signature of the parent/guardian

Date