



FIELD TRIP PERMISSION FORM

Student Name: _____ Grade: _____

Please complete this form and return to instructor by: _____

Instructor: _____ Program: _____

Please check type of program that applies. Academic CTE Student Organization/Club

Field trip date(s): _____

Day Field Trip <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> CTE on-going school year	Overnight Field Trip <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State
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Please select transportation to site: Walking Bus Ride School Van Other (specify) _____

Description of field trip/project including location:

The above field trip or project has been scheduled for your son/daughter which is related to his/her class. In order for your son/daughter to participate in this activity, your signature on the following release will be necessary by the date listed at the top of this page.

RELEASE AND AGREEMENT TO SAVE HARMLESS

I/We, the parent(s)/guardian(s) of _____, hereby consent to his/her participation in the selected field trip/project conducted in connection with educational or extra-curricular programs of the Minuteman High School, and release and further agree to save harmless the Minuteman Regional Vocational Technical School District, its School Committee, and any teachers or other employees of the District, involved in any way in arranging for, authorizing, conducting, or supervising such field trips/projects, from any and all liability and every and all expenses arising out of any incident involving, or on account of any injury to, the above-named minor in connection with any such field trip/project.

EMERGENCY CONTACT INFORMATION

Contact Name 1: _____ Relation to Student _____

Contact Phone Number 1: (_____) _____ - _____

Contact Name 2: _____ Relation to Student _____

Contact Phone Number 2: (_____) _____ - _____

Parent/Guardian Signature: _____ Date: _____

Permission to have student photographed/video during this field trip. Yes No Parent Initials _____

Please see reverse side for more information

758 Marrett Road, Lexington, MA 02421 | T 781.861.6500 | F 781.863.1747 | TDD 781.861.2922 | minuteman.org

District Members: Acton, Arlington, Belmont, Bolton, Concord, Dover, Lancaster, Lexington, Needham, Stow



Teacher's Approval to Attend Field Trip

Student Name: _____ Grade: _____

Important: Teacher's signatures are required in order for students to attend this trip. This **completed** form must be returned to the teacher organizing the field trip at least 24 hours prior to the field trip taking place.

Block	Class/Program	Teacher	Yes/No
A			
B			
C			
D			
E			
F			
G			
Career Major			