

**CROTON HARMON UFSD**  
**Parent/Guardian Permission Form**

**Trip to:**

***Trip Itinerary:***

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\_\_\_\_\_ give permission for \_\_\_\_\_ to attend  
(Name of Parent/Legal Guardian) (Name of Student)  
**the above trip.**

I understand that the trip leaders & chaperones will make every effort to reach me at \_\_\_\_\_, but in the event emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My child's physician is: \_\_\_\_\_  
(Name, Address & Telephone Number of Child's Physician]

Two emergency contacts are: \_\_\_\_\_  
\_\_\_\_\_  
(Names, Address & Telephone Numbers of the Emergency Contacts)

My child has the following medical conditions that would interfere with their participation on this trip:

\_\_\_\_\_

My child takes the following medication: \_\_\_\_\_ And I will make arrangements for them to receive their medication, as required.

\_\_\_\_\_ My child and I have read and understand the school's Code of Conduct. We agree to abide by these rules.

I/we \_\_\_\_\_ (Parent/Legal Guardian) also authorize the district, acting through the Superintendent or his/her designee, to cancel, reschedule, or alter in any other manner the trip whenever he/she determines in his/her sole discretion that such action is warranted in an emergency situation. I/we agree to release the district from any claim for damages or loss that I/we may incur by reason of such cancellation, rescheduling, or alteration of the trip. I hereby covenant and agree to release and hold harmless th Croton-Harmon UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the\* \_\_\_\_\_ (name of trip) field trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date