Field Trip Consent Form

Freeport Area Middle School
629 South Pike Road
Sarver, Pennsylvania 16055
724-295-5143
Timothy E. Walters, Principal
Renee Bogan, Assistant Principal

Student Information	
Name	
Student ID	
Grade	
Homeroom	

FIELD TRIP INFORMATION:

Date	2/6/26
Location	Hidden Valley Ski Resort
Teacher or staff member overseeing field trip	Cartiff
Cost	Varies - See general information sheet or FAMS website
Payment in cash, or by check payable to	FAMS-SAF (Freeport Area Middle School Student Activity Fund)
Mode of transportation	School Bus
Leaving school at (date/time)	2/6/26 @ 2:15pm
Returning to school at (date/time)	2/6/26 @ 11:00pm approx
Special instructions	Online form needs filled out as well
Payment and consent due by	1/28/26

Dear Parent or Guardian:

Your child's class is going on a field trip. Your consent to the following is required in order for your child to participate in the field trip.

1. The student named above has permission to attend the field trip referenced above. Please fill out the top right corner with your child's information so we know who you are giving consent to.

2. I understand that the field trip is a school activity and, therefore, Freeport Area School District policies, including its student disciplinary policies, apply to the student's participation.

3. I recognize that my child's participation in the field trip involves risks that would not be present during school instruction and activities conducted on school premises. I recognize that the Freeport Area School District is not responsible for the actions of other persons who may be present at the site of this field trip. I knowingly and freely assume all such risks, both known and unknown, associated with my child's participation in the field trip.

4. For myself on behalf of my minor child, I hereby release and discharge the Freeport Area School District, its directors, administrators, employees, agents, volunteers (including chaperones), successors and assigns from all claims, causes of action, expenses, losses, damages, injuries and/or illnesses arising out of my child's attendance and participation in this event and I agree to indemnify, defend and hold harmless such persons and parties from any and all claims, causes of action, expenses, losses, damages, liability or demands arising from bodily injury, psychological injury, illness, death and/or damage to, loss of and/or destruction of property resulting from such attendance and participation.

_____ ____/____/____ _____ _____
Parent/Guardian Signature Date I consent I do not consent