

Bristol Public Schools

Field Trip Permission Form

A parent signature is required on this form for all field trips.

I have read the attached description of the field trip to be held on _____

to _____ and hereby consent to the participation of

my child, _____, in the activities described and I acknowledge that the Bristol Board of Education, its employees, agents and contractors are not liable for any injury, including, but not limited to death and serious bodily injury, that may result from any inherent risk in my child’s participation in this field trip or from the negligent actions of third parties.

I authorize school officials to send my child home, at my expense, from any field trip should his/her behavior warrant such action.

I also consent to any emergency medical treatment that my child may require during the course of this trip. Specifically, I give permission for any EMT or emergency room personnel providing medical treatment to my child to release any protected health information regarding my child to accompanying school staff in accordance with the provisions of the Health Insurance Portability and Accountability Act (“HIPPA”). In signing this authorization, I understand that I am allowing school personnel to be present in my absence during any emergency interventions involving my child and consent to the on-site exchange of medical information necessary for immediate medical treatment. Any protected health information released to school staff during an emergency shall be treated as confidential student information protected from further disclosure in accordance with the provisions of Connecticut law and the Family Educational Rights and Privacy Act (“FERPA”).

I understand that, because travel plans must be determined well in advance of departure, any prepayments toward this trip may be nonrefundable.

I understand further that Homeland Security issues may force the cancellation of this trip and forfeiture of my payment. By signing below, I understand and accept that circumstance may arise between now and departure which could cause the trip to be cancelled, which may result in financial loss. I further understand that the Bristol Board of Education will not be liable for any financial losses I may incur should this trip be cancelled due to security or other unforeseen reasons.

Date

Signature of Parent/Guardian

Physician’s Name

Phone #1

Phone #2

Emergency Contact if Parent Cannot Be Reached (Name _____
& Phone #):

Are there any medical conditions of which we should be aware? ___ Yes ___ No

If yes, please explain on the back of this form.

Will your child require medication during this field trip? ___ Yes ___ No

If yes, please contact the school nurse to make arrangements.