

Old Town Academy Field Trip Permission Form

Please complete one form per student.

I/We, the parent(s)/guardian(s) of the student named below, hereby grant permission for the student named below to participate in _____ taking place on _____. I/We understand that adequate and appropriate supervision will be provided. I/We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I/We further agree to release and hold harmless Old Town Academy its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on record in the School Office. If ordered by the student's physician, an epipen must be provided for all field trips.

In the event that a student must return to OTA independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., I/We agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s)/guardian(s) understand and agree to the field trip code of behavior listed below:

1. Students will cooperate with the supervising teacher(s) or staff (including volunteers) willingly and quickly;
2. Students will give their full attention to any speaker addressing the group;
3. Students will NEVER leave the group without permission of the supervising teacher(s) or staff (including volunteers);
4. Students found in possession of an illegal substance will be sent home immediately, at their own expense. They may also be expelled from OTA and/or may face criminal charges;
5. Students are expected to use common sense and display a positive attitude at all times. This will make the trip more enjoyable for everyone and reflect well on the student's family and school.

Student Name (please print): _____ Grade: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____