



SkillSource Field Trip Permission

Dear Parent/Guardian:

This form is to inform you of class activities, which take place outside our building premises, and to secure permission for your child's participation in these activities. Students are not permitted to participate in class-supervised trips without parental permission.

Field Trip Location _____ **Date** _____ **Type of Transportation** _____

Students are required to make the return trip by SkillSource transportation unless special permission in writing is requested by the parents/guardian and said request presented to SkillSource (prior to the day of the trip) or to the supervisor of the class activity (the day of the trip).

Name of Student: _____

☐ Permission is granted ☐ Permission is **NOT** granted

Emergency Contact Name _____ Phone # _____

Secondary Emergency Contact _____ Phone # _____

In consideration of the advantages of this field trip, I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse SkillSource, its agents and employees, from and against any claim which I, my student, or any other person may now or hereafter have or claim to have for on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from, or arising out of my student's participation in the field trip.

If my child has a medical condition that requires health services and/or medication(s) while on this field trip, I have indicated those needs in the space provided below.

Medical condition or health concerns (severe allergies or relevant medical conditions):

I authorize SkillSource to transport my child to a medical facility to provide necessary treatment, should such an emergency occur, before I can be notified. I also release SkillSource from liability during the field trip caused by my child's misconduct.

Your Name: _____ **Relationship to Student:** _____

I have read and understood this document and hereby consent to my student participating in the activity as described.

Signature _____ **Date** _____