**FIELD TRIP PERMISSION SLIP**

FIELD TRIP DESTINATION: **Virginia Beach, Virginia**

DATE OF FIELD TRIP: **April 12-16, 2018**

CONSENT AND WAIVER

I recognize that there are real and inherent dangers in travelling significant distances, by air, bus or train, particularly at this time. I fully understand and accept that my child, the above-­‐named student, may be subject to these dangers while traveling to and from the destination of the field trip described above, and while participating in the trip at that destination, and that his or her death or serious bodily injury may result. Despite these dangers, I hereby request that the above named student be allowed to participate in the field trip planned and all trip-­‐related activities. I specifically consent to his/her participation, and waive any and all

claims against the Portland Board of Education, its employees, agents and assigns for any injury, including but not limited to death and serious bodily injury, that may result from any actions of any party who is not either employed by the Portland Public Schools or within the direct control of the Portland Public Schools.

In addition, if the above named student requires any emergency medical

procedures or treatments during the trip, I consent to the trip supervisor(s) taking,

arranging for or consenting to the procedures or treatments in his/her discretion.

 Student Name:

 Please print

 Parent Name:

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|   |   |   |   |   |  Please print  |
|   |  |  |  |  |  |
|   |   |   |   |   | Parent Signature:  |
|   |  |  |  |  |  |
|   |   |   |   |   | Date:  |