

**HAMILTON SCHOOL DISTRICT  
Sussex, WI**

**FIELD TRIP PERMISSION AND RELEASE FORM**

The field trip and release form must be completed, signed, and returned to

\_\_\_\_\_ no later than \_\_\_\_\_ in order for your child to attend the field trip.

Name of student: \_\_\_\_\_

Destination: \_\_\_\_\_

Method of transportation: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Time of trip: \_\_\_\_\_

Teacher: \_\_\_\_\_

**I am available to chaperone:**

**Yes**\_\_\_\_ **No**\_\_\_\_

**Name of person chaperoning:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_

Your child's teacher will contact you if you are needed to chaperone. Please do not pay chaperone fees until notified.

My child, \_\_\_\_\_, has permission to go on the field trip

to \_\_\_\_\_ on \_\_\_\_\_.  
(place) (date)

My child, \_\_\_\_\_, does not have permission to go on the field trip  
(name)

to \_\_\_\_\_ on \_\_\_\_\_.  
(place) (date)

Emergency numbers: (List the phone numbers where you or another responsible adult can be reached during the trip):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- My child has on file at school a current Medication Permission, EpiPen Consent Form and/or Inhaler Consent form. Please follow current medication administration instructions on file during this field trip.**
- My child requires medication and/or inhaler to be administered during this field trip that is not normally administered during the school day. I will complete a Medication Permission, EpiPen Consent Form and/or Inhaler Consent form (available on district website) prior to this field trip.**

**Hamilton School District  
Field Trip Permission and Release Form**

\_\_\_\_\_ (“the Parents”) and \_\_\_\_\_ (“the Student”) and the Hamilton School District (“the District”) hereby agree to the following terms:

**1. Description of the Trip**

The Student and the Parents have read and understand the Description of the Trip Form that is attached to this Agreement. The District will provide chaperones to supervise students from the time of departure to the time of return listed on the Description of the Trip Form. If you wish to be a chaperone, please indicate your availability on the Description of the Trip Form.

**2. Right of Modification or Cancellation**

The District reserves the right to make changes to the Trip at any time and for any reason, with or without notice, and the District shall not be liable for any loss whatsoever to the Student or the Parents because of any such cancellation or change. The Student and the Parents understand and agree that they are not entitled to reimbursement or refund from the District. Refunds obtained from contracted vendors shall be proportionately distributed to participants only if such funds exceed expenses incurred.

**3. Rules, Regulations and Expectations**

The Student and the Parents have read and understand the Hamilton Student Handbook and Hamilton School District Board Policies, which apply during this Trip. The Student specifically agrees to abide by these rules and policies. The Parents and Student understand and agree that if the Student violates any rule in the Student Handbook or Board Policies, the District may terminate the Student’s participation in the Trip. Under these circumstances, the Parents will be required to pick up the Student or the Student will be sent home immediately by common carrier at the Parents’ expense. The Student may also be subject to further disciplinary action, up to and including suspension or expulsion from school.

**4. Costs**

The Student and the Parents agree to pay the estimated cost listed on the Description of the Trip Form, as well as any additional costs that the Student incurs in any way related to the Trip. This includes the costs associated with an early return for violations of school rules.

**5. Insurance and Emergency Medical Needs**

The Student and the Parents agree to report to the District Administrator any physical or mental condition which may require special medical attention or accommodation during the Trip at least thirty (30) days before the Student’s departure. The Parents hereby authorize the Trip chaperones to administer medications as described on the **Medication Permission, EpiPen Consent Form and/or Inhaler Consent Form** and to arrange for and consent to medical or health-related procedures or treatments that, in the chaperone’s discretion, are necessary during the Trip. The Parents hereby agree to pay the costs, either personally or through insurance, of any such medical procedures or treatment.

**6. Request to Participate in Trip**

The Student and the Parents hereby request that the Student be allowed to participate in the Trip, and they specifically consent to the Student’s participation. The Student and the Parents have read and understand this Agreement and they agree to its terms.

If the Student remains enrolled in the District, and complies with all rules and policies, the District will allow the Student to participate in the Trip. The District reserves its right, however, to refuse to allow the Student to participate based on prior attendance or disciplinary reports.

**7. Complete Waiver and Release of Claims**

In consideration for the Hamilton School District allowing the Student to participate in the Trip, the sufficiency of which the Student and the Parents hereby acknowledge, the Student and the Parents hereby expressly waive, release, forever discharge and agree to indemnify and hold harmless the District, its respective agents, servants, officers, directors, officials, board members, attorneys, employees (whether past or present), District-appointed chaperones, and successors and assigns, individually and in their official capacity, from any and all claims, liabilities, allegations, covenants, rights, causes of action, demands and damages of any kind, known or unknown, under any statute, regulation or law, arising out of, related to, concerning, or in any way connected with the Student’s participation in the Trip.

I hereby acknowledge that I have carefully read this Agreement, know and understand its contents, agree to abide by each of the terms, and have signed it voluntarily and of my own free will. In addition, by signing this form, I am assuring that the health information previously provided to the District or updated on the previous page is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

APPROVED: March 4, 2003

June 18, 2007

REVISED: August 18, 2003  
September 5, 2006

May 16, 2011

June 18, 2012

January 21, 2013