



**PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY
FOR FIELD TRIP AND COMMUNITY BASED INSTRUCTION PARTICIPATION**

I, _____ (parent/guardian name), as the parent/guardian of
_____ (student name), a student at Westerly Public Schools,

Check One:

_____ **give my permission** for my child to participate in the field trip/community based instruction on (date) to
_____ (location).

_____ **do not give permission** for my child to participate in the field trip/community based instruction on (date)
_____ to _____ (location).

In case of emergency, I hereby authorize my child to be treated by certified emergency personnel (i.e., EMT, first responder, ER physician). Permission is granted to those in charge to seek Emergency Medical Care for my child when necessary.

Student Name _____ Date of Birth _____

Student Address _____

Medical Allergies _____

Health Insurance Name and Policy # (optional) _____

Doctor's Name and Phone # _____

I understand that although the students will be supervised by Westerly Public Schools staff, I do assume the risk in my student's participation in the event. If I choose not to permit my child to participate in this field trip activity, the student will be expected to attend school on the day of the field trip and will be provided with meaningful alternative educational activities under the supervision of a teacher.

I acknowledge that I will not seek to have Westerly Public Schools held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my child's participation in the field trip. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless Westerly Public Schools, its officials, agents and employees, from any claims arising out of my child's participation in the event(s).

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Student's Signature (as appropriate) Date: _____

Parent's/Guardian's Signature Date: _____

Parent's/Guardian's Signature Date: _____