

Bonny Eagle School District  
Field Trip Permission Slip  
Out of State or Overnight Trips

Dates: \_\_\_\_\_ Place: \_\_\_\_\_ School: \_\_\_\_\_

Staff Responsible: \_\_\_\_\_

\_\_\_\_\_  
*(Description and requirements of the trip)*  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to  
*(parent/guardian)* *(student)*

go on this field trip. I understand that all school rules apply on the trip and that if the student violates school rules or otherwise becomes a behavior problem she/he will be sent home at my expense. I have completed the Parent/Guardian Information on the reverse side, and MSAD 6 may rely on it being accurate in all respects.

The school will determine a student's eligibility to go on the trip. However, I also understand that allowing the student to participate in this trip is solely my decision. The student is not in any way required or expected by the school to go on the trip.

I also understand that there are risks of student physical injury and personal property damage involved in any trip involving students including risks arising from the use of commercial transportation, lodging, food, entertainment, and other services. I understand that in arranging for the commercial services that will be used on this trip, MSAD #6 has not made any independent inquiry into their safety or security. Therefore, I understand that although MSAD #6 has arranged for these services, that does not mean that MSAD #6 recommends these services as safe or secure. I understand that I need to make my own decision about all of the risks involved in this trip independently of MSAD #6 involvement.

Accordingly, in consideration of MSAD #6 allowing the student to participate in this trip, I hereby assume all risk of harm to the student and his/her property on the trip and also hereby RELEASE and agree to INDEMNIFY and HOLD HARMLESS MSAD #6, its employees, directors, and agents, past and present, in their official and individual capacities, from any and all liability, actions, damages, and claims of any kind or nature whatsoever, including claims of NEGLIGENCE, for injury, harm, or damage to the student's person or property that may arise or occur during or in connection with this trip.

I HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS CONTENTS.

\_\_\_\_\_  
*(student signature)*

\_\_\_\_\_  
*(parent/guardian signature)*

\_\_\_\_\_  
*(date)*

**NOTE:** The Parent/Guardian Information on the reverse side must be completed in its entirety.

[The lead staff person on the trip will have this form in his/her possession during the trip.] OVER →

Parent/Guardian Information Form:

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phones #'s: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Health Insurance:

Card Holder's Name: \_\_\_\_\_

Group Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_  
(diet restriction)

\_\_\_\_\_  
(medication)

\_\_\_\_\_  
(other)