GOLDA MEIR SCHOOL

MPS Parent Permission and Waiver Form for Fieldtrips

MILWAUKEE PUBLIC SCHOOLS PARENT PERMISSION AND WAIVER FORM FOR FIELD TRIPS

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to: _____ on _____ (Date)

Time: Leave: _____ Return: _____

PERMISSION

We understand that transportation will be by:_____ at a cost of $_____ and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/ daughter to participate. We understand that adequate and appropriate supervision will be provided.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

WAIVER

We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of MPS, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

In the event that a student must return to MPS independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

_____ _____ _____

Student Name (Please print) Parent or Guardian (signed) Date

Home Phone_____ Work Phone_____ Cell Phone_____

This field trip does ☐ / does not ☐ (check one) involve recreational swimming.

Please indicate your child's swimming level: ☐ expert ☐ intermediate ☐ beginner ☐ cannot swim

Please check below IF your child has sensitivity to:
□ Bee Sting □ Nuts □ Dairy □ Latex □ Other _____

Required medications: _____

Please check below IF your child has:
□ Asthma □ Diabetes □ Kidney Injuries □ Seizure Disorder □ Heart Condition □ Other Medical Condition

Required medications: _____
Other medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file with the school. (If ordered by the student's physician, an epipen must be provided for all field trips.)