

**CROTON-HARMON UFSD
Parental/Guardian Permission Form**

I _____ give permission for _____
(Name of Parent/Legal Guardian) (Name of Student)

to attend the following trip: * _____

Transportation is provided by * _____

Trip Itinerary and Requirements

* _____

Attached is a list of any additional special conditions concerning this trip and any required equipment or supplies.

I understand that the leaders will make every effort to reach me, but in the event emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My child's physician is: _____
(Name, Address & Telephone Number of Child's Physician)

Two emergency contacts are: _____

(Names, Address & Telephone Numbers of the Emergency Contacts)

My child has the following medical conditions that
Would interfere with his/her participation on this trip: _____

My child takes the following medication: _____
And I will make arrangements for him/her to receive his/her medication, as required.

My child and I have read and understand the school's Code of Conduct. We agree to abide by these rules.

(For foreign travel include a copy of student's passport, immunization records and other requirements.)

I _____(Parent/Legal Guardian) hereby covenant and agree to release and hold harmless the Croton-Harmon UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the * _____ (Name of Trip).

Parent or Legal Guardian

Date

***Fill in, and then copy**