



225 Ferguson Park Court
Bluffton, IN 46714

Field Trip Permission Form

I hereby certify that my son/daughter, _____,
has permission to participate in the field trip to

on the following date(s) _____.

I agree and do hereby release and discharge any teacher, employee, or other person engaged in the activity, from all claims, present and future, known or unknown, in any manner arising out of the activity. It is understood that each child will be properly restrained according to Indiana law.

I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the field trip activities, harmless from any and all liability relating to my son/daughter for any and all personal injury or illness that may be suffered by my son/daughter. I also agree to hold them harmless from any loss of property by my son/daughter that may occur during the field trip activities.

Signature of Parent
or Guardian _____ Date _____

EMERGENCY MEDICAL RELEASE

In case of an emergency in my absence, I give permission to the school authorities, or its representatives, to obtain medical treatment for my child.

Signature of Parent
or Guardian _____ Date _____