

Hull Public Schools Field Trip Permission Form/Medical Information

Student's Name: _____ D. O.B. _____

School: _____ Grade: _____

Consent to Participate in Voluntary Field Trip:

I, _____ (parent/guardian) of _____ student) do hereby consent to my child's participation in a voluntary field trip sponsored by the Hull Public School District. I am aware that my child will be traveling to _____ and returning to Hull. My child has my permission to participate in this voluntary field trip. I believe my child can successfully participate in all aspects of this trip. In case of emergency I realize that every effort will be made to contact me. I give permission to the Hull Public School District staff or chaperones to act on my behalf in the event that medical treatment is necessary.

Contact Person: _____ Relationship _____
Phone Number/Cell Phone _____

Contact Person: _____ Relationship _____
Phone Number/Cell Phone _____

Please specify any health conditions: _____

Allergies: _____

Does your child take medication on a daily basis? Yes _____ No _____

* If yes, name, dose, and scheduled time of medication(s) _____

As per the Hull Public School District Policy on Administering Medication to Students (JLCD) students may not carry any medication (prescription or non-prescription) on a field trip. If medication is necessary, school personnel must carry the medication and dispense it to the student. Written instructions signed by student's physician must be on file with the school.

Are there any restrictions on your child's activities? Yes _____ No _____

If yes, please specify and explain _____

Consent and Release:

I further affirm that I have read this Consent and Release Form and that I understand the contents of the form. I understand that my child's participation on this trip is voluntary and that my child and I are free to choose not to participate in said field trip. By signing this form, I grant permission for school personnel to administer medication to my child as prescribed by their physician. I also affirm that I have decided to allow my child to

participate in the voluntary school-sponsored field trip with full knowledge and acceptance of the provisions of this consent and release form. In signing this form I fully release the Hull School Committee and its officers, agents, and employees (hereafter referred to as “District”) from any liability in connection with those decisions and provisions:

- that the Hull Public School District Policy on medications will apply to a student who needs to be administered medication while on a field trip;
- that Hull Public School policies on student behavior and Student Handbook rules and regulations apply to all PK-12 field trips;
- that the School Committee reserves the right to cancel a trip up to the departure date or to recall a trip in progress due to safety concerns or any other reason deemed appropriate by the School Committee;
- that a parent/guardian may lose any and/or all of the funds he/she/they have expended for the voluntary trip;
- the District shall be forever held harmless for remuneration of any and/or all costs associated with this voluntary trip; and
- the District will not be liable to anyone for personal injuries, property damage, or financial loss my child or I may suffer in voluntary Hull Public School District field trip programs.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

The District does not discriminate in its programs, activities or employment practices based on race, color, national origin, religion, gender, sexual orientation or disability.

The Hull Public School District shall be held harmless from any claims, suits, liabilities, causes of action or responsibility of any type for any accidents, injuries or death connected with this policy. Parents/Guardians and students must sign the PARENT/STUDENT CONSENT RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT – File: BBC as presented in the Hull Public Schools Policy Manual.

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Proposed Reconsideration: October 2027

Hull Public Schools