File: IJOA-E

Hull Public Schools Field Trip Permission Form/Medical Information

Student's Name:	D. O.B
School:	Grade:
Consent to Participate in Voluntary Fi	eld Trip:
I,	(parent/guardian) of
	student) do hereby consent to my
	ld trip sponsored by the Hull Public School District
trip. I believe my child can successful emergency I realize that every effort v	ny permission to participate in this voluntary field lly participate in all aspects of this trip. In case of will be made to contact me. I give permission to the aperones to act on my behalf in the event that
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 * If yes, name, dose, and scheduled tin	daily basis? Yes No me of medication(s)
any medication (prescription or non-prescription) of	dministering Medication to Students (JLCD) students may not carry on a field trip. If medication is necessary, school personnel must. Written instructions signed by student's physician must be on file
Are there any restrictions on your chil If yes, please specify and explain	d's activities? Yes No

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

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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.

Original Adoption: June 7, 2010

First Reading 2022 revision: September 12, 2022

Second Reading: September 26, 2022 Third Reading/Adoption: October 11, 2022 Proposed Reconsideration: October 2027