

MARSHALL SCHOOL
2007/2008 FIELD TRIP PERMISSION SLIP

I understand that my child _____, Age _____, has an opportunity to participate in a field trip to _____ on _____ that will take him/her away from the campus. I understand that this trip will be under the direct supervision of a faculty member(s) of Marshall School and that my child will be transported in a contracted, or designated vehicle (chartered service for certain trips/outings).

I request that my son/daughter be allowed to attend this field trip.

I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, discharge, defend, hold harmless and indemnify The Marshall School, its agents, employees, officers, trustees, representatives, insurers and others acting on The Marshall School's behalf, of and from all claims, demands, causes of action and legal liabilities for injuries or death to my son/daughter due to their ordinary negligence; the undersigned further agrees, except in the event of gross negligence or willful and wanton misconduct on the part of The Marshall School, not to bring any claims, demands, legal actions and causes of action for any economic and non-economic losses due to bodily injury, death or property damage sustained by my son/daughter.

Please Complete the Following

Emergency Contacts: _____

Home Phone: () _____

Work Phone: () _____

Medical or Physical Condition

List any medical or physical conditions the trip supervisors should be aware of here to assure all participants have a safe and non-interfered with trip: (NOTE: IF you have any confidentiality concerns, call _____ at 727-7266 to discuss.)

Condition: _____

Medication: _____

Dosage: _____

Name of Prescribing/Treating Physician: _____

Special Needs:

I understand that a faculty member will administer medication that is on record with the school while my child is on this field trip. I also give Marshall School staff permission to give reasonable first aid and transport my child to a health care facility if needed.

Date: _____

Signature: _____
(Parent or Legal Guardian)