

AGAWAM PUBLIC SCHOOLS
Student Field Trip Permission/Liability Consent Form

Parents are advised that students who have neither school accident insurance nor coverage through family health insurance (i.e. Blue Shield, Aetna, etc.) participate at their own risk. Field trip insurance is no longer available because insurance companies have stopped insuring this type of trip. **If you wish your child to participate in this field trip, you must sign this form.**

Name of trip: _____

Location of trip: _____

Departure time: _____

Return time: _____

Mode of transportation (i.e. bus, mini-van, car): _____

I will assume complete financial responsibility for any personal injury to the student named below and grant my permission for the student to participate. I hereby release the Agawam School Committee and its employees and agents of and from any liability for personal injury or property damage in connection with the below named student participating in this field trip. I hereby authorize the Agawam School Committee, by the signature below, through its employees and agents to arrange for emergency medical, dental, and hospital care for the student named below during the course of the field trip.

Parent/Guardian Signature: _____ Date: _____

Name of Student: _____ Grade: _____ Room: _____

Parent/Guardian Emergency Contact Numbers: Home - _____
Work - _____
Cell - _____

Does the student have any special medical needs? _____ yes _____ no

If yes, please explain: _____

Teacher/Chaperone Signature: _____

PLEASE SIGN BOTH SIDES OF THIS FORM AND RETURN OR YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE ON THE FIELD TRIP.