

# Westborough Public Schools

Field Trip Permission Form: To be filled out for day/extended day field trips  
**Center Stage NYC Field Trip**

Permission Form: *please fill out front and back!*

To be filled out by Parent/Guardian granting permission for the student named below to take part in the field trip.

(Student Name) \_\_\_\_\_ has my permission to go with his/her class/club/activity to \_\_\_\_\_ **New York City** \_\_\_\_\_. The trip will leave Westborough High School on - \_\_\_\_\_ **Sunday, May 28<sup>th</sup>, 2016** \_\_\_\_\_ at \_\_\_\_\_ **7:30am** \_\_\_\_\_ and return at approximately \_\_\_\_\_ **11:00pm** \_\_\_\_\_.  
Date time  
Time

**Student Cell Phone Number:** \_\_\_\_\_  
(this will only be used to contact the student if necessary while on the trip)

*If applicable for this trip:* Please list any medical issues, allergies and treatment necessary for the chaperone to be aware of for my child's safety, use space on back if necessary:

In an emergency contact the following:

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

*Signatures required on the back of this form.*

Parent/Guardian Consent Form for Emergency Medical Treatment

In the event of an emergency situation and reasonable attempts have been made to contact me, I give (Teacher's Name)  Anne Slotnick , or designated chaperones permission to sign consent for medical treatment for my minor child named above. I also give permission to release medical information to emergency care providers or other appropriate health care providers in order to treat my child in a medical emergency. I also agree that I will be responsible to pay out of pocket medical expenses incurred if emergency treatment is needed. I understand that there will not be a school nurse attending this field trip:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent Form, Release from Liability & Indemnity Agreement

I/We RELEASE and discharge the Town of Westborough and its departments, officers, employees, and agents (hereinafter collectively referred to as "Westborough"), from any and all claims, damages, losses or expenses of whatever kind of nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting directly or indirectly, from said minor's participation in the Field Trip. I/We also release and discharge Westborough from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip. I/We furthermore agree to defend and INDEMNIFY Westborough against any claim, damage, loss or expense of whatever kind or nature that Westborough may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Field Trip.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_