

Indian River School District Field Trip Permission/Release Form

School: _____
_____, Principal ~ 302-____-_____

Date: _____

Dear Parent/Guardian,

We wish to make our education as valuable as possible. Opportunities for students to acquire first-hand acquaintance with places and objects about which they are studying can assist in the value of education. We ask your cooperation and permission for your child to go on a field trip to the _____ on _____, _____.

Cost per student: Bus: \$_____ Meal: \$_____ Other: \$_____ Total: \$_____

Time of Departure: _____ Time of Return: _____ Student Dress: _____

Please be advised that the school nurse will not be accompanying the students on the trip. If your child requires medication while on the trip or is highly allergic to anything, please contact the school nurse prior to the date of the field trip.

Delayed Openings/Closings of School on the Day of a Field Trip

If school is delayed or perhaps closed on the date of the field trip the following will apply:

Delay of School: Field trips, even though scheduled for an earlier time in the day, **WILL NOT BEGIN UNTIL SCHOOL IS OFFICIALLY OPEN.** This is for the safety of students and staff. Return time to school will remain unchanged during delayed openings.

Closing of School: Scheduled field trips will be automatically cancelled when school is closed on the date of the field trip.

In order for your child to go on the field trip, you must complete the attached permission/release form and return it to school by _____.



Yes, (student name) _____, has my permission to go on the field trip to _____ on _____, _____. I understand that he/she will be under school supervision at all times.

No, (student name) _____, may not go on the field trip to _____ on _____, _____.

This permission is given with my understanding that my child must adhere to all district and school policies throughout the time of the field trip. I also understand the procedures for a field trip delay or closing of school.

Signed: _____
Parent/Guardian

Date: _____

Parent/Guardian Daytime Phone No.: _____

By signing this permission/release form I specifically acknowledge that I am releasing the Indian River School District and Board of Education from any and all liability, claims, money damages, lawsuits, and attorney's fees resulting from any incident occurring during this field trip which could or may result in a loss or destruction of personal property or in injury or death to my child.