

**HAMILTON SCHOOL DISTRICT  
Sussex, WI**

**FIELD TRIP PERMISSION AND RELEASE FORM**

The field trip and release form must be completed, signed, and returned to

\_\_\_\_\_ no later than \_\_\_\_\_ in order for your child to attend the field trip.

Name of student: \_\_\_\_\_

Destination: \_\_\_\_\_

Method of transportation: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Time of trip: \_\_\_\_\_

Teacher: \_\_\_\_\_

**I am available to chaperone:**

Yes \_\_\_ No \_\_\_

**Name of person chaperoning:**

\_\_\_\_\_

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

Your child's teacher will contact you if you are needed to chaperone. Please do not pay chaperone fees until notified.

My child, \_\_\_\_\_, has permission to go on the field trip

to \_\_\_\_\_ on \_\_\_\_\_.  
(place) (date)

My child, \_\_\_\_\_, does not have permission to go on the field trip  
(name)

to \_\_\_\_\_ on \_\_\_\_\_.  
(place) (date)

Emergency numbers: (List the phone numbers where you or another responsible adult can be reached during the trip):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION PERMISSION SECTION – Check appropriate box if child needs medication administered during field trip.**

- My child has on file at school a current Medication Permission, EpiPen Consent Form and/or Inhaler Consent form. Please follow current medication administration instructions on file during this field trip.
- My child requires medication and/or inhaler to be administered during this field trip that is not normally administered during the school day. I will complete a Medication Permission, EpiPen Consent Form and/or Inhaler Consent form (available on district website) prior to this field trip.

**Hamilton School District  
Field Trip Permission and Release Form**

352-Exhibit 2

\_\_\_\_\_ (“the Parents”), if the Student is a minor, and \_\_\_\_\_ (“the Student”) and the Hamilton School District (“the District”) hereby agree to the following terms:

**1. Description of the Trip**

The Student and the Parents have read and understand the Description of the Trip Form that is attached to this Agreement. The District will provide chaperones to supervise students from the time of departure to the time of return listed on the Description of the Trip Form. If you wish to be a chaperone, please indicate your availability on the Description of the Trip Form.

**2. Right of Modification or Cancellation**

The District reserves the right to make changes to the Trip at any time and for any reason, with or without notice, and the District shall not be liable for any loss whatsoever to the Student or the Parents because of any such cancellation or change. The Student and the Parents understand and agree that they are not entitled to reimbursement or refund from the District. Refunds obtained from contracted vendors shall be proportionately distributed to participants only if such funds exceed expenses incurred.

**3. Rules, Regulations and Expectations**

The Student and the Parents have read and understand the Hamilton Student Handbook and Hamilton School District Board Policies, which apply during this Trip. The Student specifically agrees to abide by these rules and policies. The Parents and Student understand and agree that if the Student violates any rule in the Student Handbook or Board Policies, the District may terminate the Student’s participation in the Trip. Under these circumstances, the Parents will be required to pick up the Student or the Student will be sent home immediately by common carrier at the Parents’ expense. The Student may also be subject to further disciplinary action, up to and including suspension or expulsion from school.

**4. Costs**

The Student and the Parents agree to pay the estimated cost listed on the Description of the Trip Form, as well as any additional costs that the Student incurs in any way related to the Trip. This includes the costs associated with an early return for violations of the law, school rules, or Board Policies.

**5. Insurance and Emergency Medical Needs**

The Student and the Parents agree to report to the District Administrator any physical or mental condition which may require special medical attention or accommodation during the Trip at least thirty (30) days before the Student’s departure. If the Student requires medication to be administered by school personnel, the building administrator will designate a staff member chaperone who has received the appropriate training to administer the medication. In case of emergency, the Parents hereby authorize the Trip chaperones to arrange for and consent to emergency medical care. The Parents hereby agree to pay the costs, either personally or through insurance, of any such medical procedures or treatment.

**6. Request to Participate in Trip**

The Student and the Parents hereby request that the Student be allowed to participate in the Trip, and they specifically consent to the Student’s participation. The Student and the Parents have read and understand this Agreement and they agree to its terms.

If the Student remains enrolled in the District, and complies with all rules and policies, the District will generally allow the Student to participate in the Trip. The District reserves its right, however, to refuse to allow the Student to participate based on prior attendance or disciplinary reports.

**7. Waiver and Release of Claims**

In consideration for the Hamilton School District allowing the Student to participate in the Trip, the sufficiency of which the Student and the Parents hereby acknowledge, the Student and the Parents hereby expressly release, waive, discharge, and covenant not to sue the Hamilton School District, its officers, agents, employees, representatives, and volunteers (collectively referred to as the “Releasees”) from any claims and for all loss, injury, or damage to the Student or the Parents, whether caused by the negligence of someone acting on behalf of the Releasees or the negligence of someone else. This waiver and release shall not absolve agents or employees of the Hamilton School District from liability for injury or damage caused by the agent’s or representative’s intentional, willful, or malicious conduct.

I hereby acknowledge that I have carefully read this Agreement, know and understand its contents, agree to abide by each of the terms, and have signed it voluntarily and of my own free will. **I am aware that this document includes a waiver and release from liability.** In addition, by signing this form, I am assuring that the health information previously provided to the District or updated on the previous page is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

APPROVED: March 4, 2003

REVISED: August 18, 2003  
September 5, 2006  
June 18, 2007  
May 16, 2011  
June 18, 2012  
January 21, 2013  
June 17, 2013

REVIEWED: June 15, 2015

REVISED: June 20, 2016