

**NEEDHAM PUBLIC SCHOOLS**

**PERMISSION FORM FOR SCHOOL SPONSORED TRIPS AND EVENTS**

Student's Name: \_\_\_\_\_ has my permission to participate in  
the school sponsored trip/event to \_\_\_\_\_

on \_\_\_\_\_\*. I understand that the mode of transportation to and from

this trip/event will be:     School Bus     Private Vehicle     Other \_\_\_\_\_.

- I understand this trip/event is optional and attendance by my child is not required.
- I understand that the people in charge will take responsible precautions for the safety and welfare of all students involved.
- I understand that the Superintendent may cancel this trip/event up until the time of departure for any reason. The Needham Public Schools will not be responsible for making refunds for goods or services not received due to such cancellation, however reasonable efforts to obtain such refunds will be made.
- I have instructed my child to behave in a proper manner at all times so as to reflect credit on his/her parents and school and to act in accordance with directions given by those in charge.
- In consideration for my child's participation in the above-described trip/event and except in the case of reckless or willful misconduct, I expressly hold harmless from and waive against the Town of Needham, the Needham Public Schools and their employees, agents and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, loss of consortium or other claims that may occur at or traveling to or from the trip/event.
- I further consent to emergency treatment by a physician in the event of injury to or illness of my child during his/her participation in the above-described trip/event. I accept full responsibility for all costs for any such emergency treatment.
- If applicable: I give permission for my child to be given his/her medication (name and dose):

\_\_\_\_\_   
by the person delegated by the School Nurse.

I/We have read and understand this Form and sign it voluntarily with full knowledge of its significance.

\_\_\_\_\_  
Parent/Guardian (only one signature required)

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\* Note that if a fee is required to attend this field trip/event, scholarship money to cover the cost of the fee is available. Check here  if you are interested in the field trip/event scholarship. I understand that this information is confidential.