### RPS District CORE Values: We C.A.R.E.

Continuous Reflection and Improvement • Academic Excellence and Innovation • Respectful and Responsible Relationships • Engaged and Equitable Community

### **Randolph Public Schools**

"Building Tomorrow, Today"



#### Office of the Superintendent

Ms. Thea R. Stovell, Superintendent

40 Highland Avenue Randolph, MA 02368 (781) 961.6200 (781) 961.6295 Fax Website: www.randolph.k12.ma.us Dr. Amy Hartley-Matteson, Assistant Superintendent of Teaching & Learning Ms. Alpha Sanford, Director of Special Education and Pupil Services Mr. Sean Walsh, Director of Human Resources

## **Field Trip Permission Form**

Today's Date:	School:	
Class:	Teacher:	
Field Trip Information:		
Date(s):	Method of Travel:	
Location(s):	Departure Time:	
Coordinator:	Return Time:	
*Please make sure your child is	s dressed appropriately for the weather.*	
Dear Parent(s)/Guardian(s):		
Your Student's class has scheduled a field trip. We are requ	esting your permission for the Student to participate in this trip.	
Student's participation in this field trip. This is a legal doct Student unable to bring any type of action against the Ra officials, agents, employees, insurers, attorneys, servants, vassigns because of any harm you or the Student may suffer	e of Claims, and Waiver of Liability that must be completed prior to the ument which, if signed, will have the effect of rendering you and the andolph Public Schools, the Town of Randolph, and their respective volunteers, representatives, subcontractors, affiliates, successors, and er as a result of the Student's participation in the field trip. This legal ated to this field trip, and it is important that you and the Student fully	
To give permission for the Student to attend this field trip, Claims, and Waiver of Liability on the next page of this form Keep this cover page for your information.	please complete, sign and return the Consent Agreement, Release of to the Student's teacher no later than:  (Date)	
Thank you,	(Jule)	
Randolph Public Schools		
(KEEP THIS PA	GE FOR YOUR RECORDS)	

Our Schools: AIM Academy ~ Elizabeth G. Lyons ES ~ John F. Kennedy ES~ Margaret L. Donovan ES ~ Martin E. Young ES ~ Randolph Community MS ~ Randolph High School

#### **Non-Discrimination Policy**

The Randolph Public Schools does not discriminate on the basis of race, color, ancestry, national origin, religion, creed, sex, gender identity or expression, sexual orientation, marital status, pregnancy or pregnancy related condition, genetic information, disability, veteran's status, age or homelessness in admission to, access to, employment in, or treatment in its programs and activities.

# **CONSENT AGREEMENT, RELEASE OF CLAIMS, AND WAIVER OF LIABILITY**

Student's Name (please print):	(Last Name)	(First Name)	(Middle Initial)	
I, the undersigned parent/guardian the Student, if of the age of majority transportation related thereto (here	of the above-named Student, indi , give permission for the Student t	vidually and as Student's custodia	l parent/guardian, and/o	
Description:				
Date(s) of Trip:	Location(s) of Trip:			
Public Schools, the Town of Rai volunteers, representatives, sub may have legal responsibility, jo claims, demands, losses, damag not limited to personal injury, b Released Parties, or others, wh	d agree to defend, indemnify, and hendolph, and all of their respective ocontractors, affiliates, successors, bintly and severally (collectively, the ges, causes of action, responsibility odily injury, and/or property damanich may have arisen in the past of majority, in any way, directly or in	officials, agents, employees, insu, and assigns, and others for whom e "Released Parties"), from and agy, and liability for injuries, losses, oge, to the Student's pressure arise now or hereafter, who	rers, attorneys, servants, any one or more of them gainst any and all actions, r damages, including but arent(s)/guardian(s), the ether before or after the	
I acknowledge and agree that the Student's participation in the Field Trip is completely voluntary and that the Student is to choose to not participate in the Field Trip. I understand that the Student's participation in the Field Trip may involve a of serious personal injury, bodily injury, and/or property damage regardless of the level of supervision and/or the observation of rules, and I acknowledge that I am consenting to the Student's participation in the Field Trip with full knowledge of dangers involved therewith. I agree to expressly assume and accept any and all risks of personal injury, bodily injury, and property damage, including but not limited to such injury and/or damage to the Student and/or the Student's property, we full knowledge that the Released Parties will not be liable for any such injury and/or damage.				
Student becomes ill and/or injurneeded. This document may be is required. I hereby waive, rewhatsoever which may arise out for the medical care rendered approvide emergency contact info	the Released Parties to authorize and consent to emergency medical care for the Student in the event that the becomes ill and/or injured while participating in the Field Trip and I am unable to provide authorization or consent at This document may be presented to appropriate emergency medical staff at such time as emergency medical care and in I hereby waive, release, and discharge the Released Parties from and against any and all claims of any nature were which may arise out of the decision to provide emergency medical care, including but not limited to responsibility nedical care rendered and/or for the payment of medical bills incurred for such emergency medical care. I agree to emergency contact information, medical information, and insurance information regarding the Student to the District sted by the District prior to the Student's participation in the Field Trip. Please be aware of the following medical of ecific needs of the Student:			
and/or School Student Council	s expected to follow all the school Conduct rules. I also understand t hich will be discussed between stu	hat the Student is expected to ad	here to specific Field Trip	
By signing below, I acknowledge an of Claims, and Waiver of Liability a voluntarily, freely, and knowingly, w	and to consult with counsel of m	y own choosing regarding its cor		
Student Signature:		Date:		
Parent/Guardian Name:				
Relationship:	Pho	ne Number:		
Signature:		Date		