

MANSFIELD HIGH SCHOOL
FIELD TRIP PERMISSION SLIP

DATE OF TRIP: 2/5/20 TIME/FROM: 9 a.m. TO: 1:30 p.m.

SUPERVISED BY: Michael Redding, Tim Selmon, and Mark DeGirolamo

NUMBER OF STUDENTS: 61 3 3 NUMBER OF CHAPERONES:

DESTINATION (NAME AND LOCATION): State House ~ Boston MA

TRANSPORTATION: Connolly Bus

PURPOSE OF THE TRIP: Invitation by State Rep for State Championship Win

COST TO THE STUDENT (IF ANY): none

Does your child have any allergy or medical condition that the teacher or chaperone should be aware of?

If your child requires emergency medication (ie. epipen or an inhaler), you acknowledge that your child will be responsible for carrying it with him/her.

I give permission for my son/daughter _____
Student Name (Last, First, Middle Initial)

to visit State House ~ Boston MA on 2/5/20.
Name and Location Date

IN CASE OF EMERGENCY CALL

1) _____ _____ _____
Name Tel. No. Relationship

2) _____ _____ _____
Name Tel. No. Relationship

Signed: _____ Date: _____

Parent/Guardian

Mansfield Public Schools

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned father/mother or guardian(s) of _____
 a minor, do hereby consent to his/her participation in a field trip: and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Mansfield, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents, including but not limited to the Mansfield School Committee and its employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have, as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Mansfield Public Schools Field Trip;
 FURTHERMORE, we/I hereby agree to protect the Town of Mansfield and its successors, departments, officers, employees, servants and agents, including but not limited to the Mansfield School Committee and its employees, servants, and agents, against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Mansfield Public Schools Education Department's voluntary field trip, and to INDEMNIFY, reimburse or make good to the Town of Mansfield or its successors, departments, officers, employees, servants and agents, including but not limited to the Mansfield School Committee and its employees, servants, and agents, any loss or damage or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentions, grossly negligent, or reckless acts or omissions while participating in said field trip.

School__Mansfield High School_____

Trip __State House_____

Trip Date: __2/5/20_____

Signature of Parent or Guardian	Date	Relationship
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Signature of Student	This form may not be altered
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