

**BLOOMFIELD SCHOOLS
FIELD TRIP PERMIT
AND MEDICAL AUTHORIZATION
2023-2024**

STUDENT **LAST NAME** _____ **FIRST NAME** _____

I request that my child be allowed to participate in the authorized Bloomfield School District field trips as part of his/her regular school program for the 2023-2024 school year. I understand that my child will be chaperoned by a responsible adult while away from school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instruction for student behavior. If at any time my child's behavior is incompatible with the standard for student behavior, his/her participation may not be permitted. I waive and release all claims against the District employees and their agents arising out of my child's failure to remain under such supervision.

I further release and discharge the Bloomfield School District, Officers, Employees, Agents, and Servants (herein collectively referred to as "District") from all liability arising out of or in connection with all field trips or excursions. For the purposes of this agreement, liability means all claims, demands, losses, causes of actions, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the field trip or excursion and that results from any cause other than negligence of the District.

In the event that my child is injured, becomes ill or involved in an accident while away, I understand the chaperon will seek medical attention for my child, and that the school will contact me as soon as possible. I hereby consent to whatever X-Ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Signature of Parent/Guardian

Date

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

Please note any medical information that would help (i.e. allergies, medications to avoid, current medications, etc.) _____

I do not wish for my child to take part in the school field trips. _____
Signature of Parent/Guardian Date