



WALKING FIELD TRIP AUTHORIZATION

STUDENT NAME: _____

I request that my son/daughter be permitted to participate in walking school field trips during the school year. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in these field trips, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in these trips, I hereby, give the school personnel permission to use their judgment in obtaining medical services and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate. I agree to relieve the school and participating adults from any liability in connection with this request.

Parent's Signature: _____ Date: _____