

ANGÉLICA INFANTE-GREEN  
*Commissioner*



Providence Public School District  
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DR. JAVIER MONTAÑEZ  
*Superintendent*

## **Field Trip Permission**

### ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY

I, \_\_\_\_\_, (parent/guardian), agree to allow my son or daughter,  
\_\_\_\_\_ (student's name), to attend the following field trip or out-of-  
school activity:

Destination/Description of Activity: \_\_\_\_\_

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

Group/Class/School Club: \_\_\_\_\_

For a trip returning to school after the end of the school day, my son/daughter will [check one]

- be picked up by me or another adult
- ride the bus home
- walk home
- other arrangement: \_\_\_\_\_

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

In consideration for my child's participation in the above-described field trip or activity. I expressly hold harmless from and waive against the District, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.

I understand that the District, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under State law.

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Daytime phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_