LABBB COLLABORATIVE

Community Trip Permission Form

To the Parent(s) or Guardian(s) of: _____

Please be advised that your child's class will be traveling to: _____ on the following days during

the week _____Time departing_____ Time Returning _____

The class will be traveling by: _____

Please discuss with your child that this trip is part of your child's educational program and that your child must be on his/her best behavior at all times. You should also advise your child that he/she must follow the directions and instructions of any staff member or chaperone who accompanies him/her on this trip.

If you do not give permission for your child to participate in this trip, an alternative program will be available for him/her at school on the day of the trip.

Please sign and return this form to your child's Teacher by _____
Date

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in the voluntary field trip and do forever release, acquit, discharge, and covenant to hold harmless the LABBB Collaborative and its successors, departments, officers, 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 know 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 LABBB field trip. Furthermore we/I hereby agree to protect the LABBB Collaborative and its successors, departments, officers, 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 LABBB Collaborative's voluntary community trips and to indemnify, reimburse or make good to the LABBB Collaborative or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Collaborative or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said field trip.

I/We hereby authorize LABBB's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the field trip at my expense. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby release and discharge LABBB from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

_____

Signature of Parent or Guardian Date Relationship

_____

Signature of Parent or Guardian Date Relationship

_____

Name Emergency Phone Number

_____

Alternate Emergency Contact Name Phone Number