

Beacon City School District
Rombout Middle School
84 Matteawan Road, Beacon, NY 12508
(845) 838-6900 EXT. 4131

Field Trip PERMISSION Form

Dear Parent/Guardian,

A field trip has been scheduled by **ROMBOUT MIDDLE SCHOOL** as follows:

Date of Trip: MAY 21, 2019 **Departure Time:** 7:00 AM **Return Time:** 7:00 PM

Destination: PHILADELPHIA & THE FRANKLIN INSTITUTE

Reason for Trip: 7TH GRADE CLASS TRIP

Transportation: CHARTER BUS

Please bring: A bagged lunch and comfortable shoes for walking

Cost per Student: \$90.00 [checks should be made out to RMS PTO]

Please return the permission slip below to the school by: MAY 6, 2019

Student's Name: _____ Teacher: [CIRCLE ONE] MALIN / LYNCH / TIREN

I hereby give permission for my child _____ to attend the field trip to
____PHILADELPHIA_____ on ____5/21/19_____. I understand that students must return to the school on the
transportation provided by the district.

Medical Concerns: _____

Parent/Guardian Emergency Phone Number: _____

Doctor's Name and Number: _____

Scholarship application forms are available for students in need of financial assistance. Students can get this form from their science teacher.

Authorized to Treat Minor: In the event that I cannot be reached in an emergency, I hereby permit any responsible party to call 911 and/or to contact a medical facility or physician selected by the School to provide proper treatment to [student's name] and that I will be responsible for all expenses arising in association with such treatment.

Prescription or Over the Counter Medication: I certify that I have on file in the School office, a current profile enlisting necessary medications that [student's name] must take.

Acknowledgment of Notification Regarding Risk: I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of "high risk" to the participants.

Indemnity and Waiver of Claim: I, the undersigned, the Parent /Lawful Guardian of [student's name], hereby acknowledge that as a condition of the Student participating in the activity, agree to indemnify and hold harmless the School, its employees and volunteers, the Beacon City School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

Parent's Signature: _____ Date _____