

# Greater Lowell Technical High School Field Trip Permission Form

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Club/Organization/Class: \_\_\_\_\_

Teacher/Advisor: \_\_\_\_\_

I grant permission for my son/daughter \_\_\_\_\_  
*(Student Name)*

to participate in all activities associated with the Greater Lowell Technical High School field trip described below.

\_\_\_\_\_ *(Activity)*

in \_\_\_\_\_ *(Destination)*

on \_\_\_\_\_ *(Day)* \_\_\_\_\_ *(Date)*

Departs Greater Lowell at: \_\_\_\_\_ *(Time)* Return at: \_\_\_\_\_ *(Time)*

I understand that my son/daughter will be traveling by: School Bus  School Van  Other  \_\_\_\_\_

**I understand and agree that participation in the field trip is conditioned upon the Student's continued adherence to the school's Code of Conduct outlined in the Student Handbook and reasonable instructions from school employed teachers/advisors/chaperones. I understand and agree that GLTHS reserves the right to require the withdrawal of any student who does not abide by the terms of participation of whose continuation is not in the best interest of the field trip.**

### Release from Liability and Indemnity Agreement

**I hereby release, acquit, discharge, and covenant to hold harmless the Greater Lowell Technical High School District and its departments, officers, employees, and agents (collectively, "GLTHS"), from any and all actions, causes of action, lawsuits, damages, losses, claims, injuries, or expenses of whatever kind or nature, known or unknown, which Parent(s) or Student have or hereafter may acquire, either before or after Student has reached his/her majority, resulting from, on account of, attributed to, or in any way growing out of, directly or indirectly, Student's participation in the Field Trip.**

**I furthermore agree to defend, INDEMNIFY, and hold Greater Lowell Technical High School harmless against any claim, damage, loss or expense of whatever kind of nature that Greater Lowell Technical High School may have to pay the arises from Student's intentional grossly negligent, or reckless acts or omissions while participating in the field trip.**

## Field Trip Permission Form (cont'd)

### Emergency Information

Does your son/daughter have any medical condition, allergies, or take any medication that the advisor/teacher should be aware of?

Yes  *(If yes, please explain)*

No

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In case of an emergency, parent/guardian(s) can be reached at:

Parent/Guardian Contact

Parent/Guardian Contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Day Telephone: \_\_\_\_\_

Day Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

If parent/guardian cannot be reached in the event of an emergency, please provide us with an alternative contact, whom you are authorizing to give assistance.

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**In the event that neither I nor the alternative contact identified above cannot be reached immediately, I hereby authorize GLTHS's employee(s) or agent(s) who is supervising my child to act on my behalf in authorizing and consenting to emergency medical care for my child if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I hereby release and discharge GLT from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.**

**I have reviewed this entire Field Trip Permission Form and Agreement and consent to its terms.**

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Student Name)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)