

# Walbridge School

## Arington Tree Farm and Blanket

### FIELD TRIP PERMISSION FORM – 2017-2018

In anticipation of another year of enriching field trips, we are asking you to sign the general field trip permission form below. This blanket permission form will suffice as your permission for all local field trips in Madison and the surrounding area during the 2017-2018 school year. For field trips further than 10 miles away from school, you will receive individual and specific field trip permission forms to complete and return to school.

This permission form will also cover any and all field trips to Arington Tree Farm scheduled throughout the school year.

We will continue to notify you of upcoming field trips through the weekly Communiqué, email, parent signature forms, and requests for drivers (when they are needed). Please complete and sign the permission form below and return it to the school office by August 1, 2017.

### Arington Tree Farm and Blanket Parental/Guardian Field Trip Permission Form

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
(Parent/Guardian) (Child's Name)

to go on any local field trips in Madison and the surrounding area within 10 miles during the 2017-2018 school year by either chartered bus or private vehicle.

I also grant permission for my child to attend the **Arington Tree Farm** field trips throughout the 2017-2018 school year.

It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries, but neither those in charge nor those bringing groups shall be held responsible in case of accident or injury. I also understand that if my child violates any of the rules set for the field trip that I may be called to pick up the child. As parent, or legal guardian, I remain fully responsible for any legal responsibility that may result from any personal actions taken by my child.

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

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

If unable to contact the parent/guardian, I grant permission for the School to contact:

\_\_\_\_\_  
(Friend or Relative)

\_\_\_\_\_  
(Home, Work, Cell Phone #)

\_\_\_\_\_  
(Family Physician)

\_\_\_\_\_  
(Physician's Telephone #)