

**NASHUA SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM AND WAIVER OF LIABILITY**

Please help us provide a safe experience for your child by completing the following field trip emergency information:

CHILD'S NAME _____ TEACHER _____

DATE OF TRIP _____ DESTINATION _____

PARENT/GUARDIAN _____ HOME PHONE _____
WORK PHONE # _____

NEIGHBOR'S NAME _____ PHONE# _____

PHYSICIAN'S NAME _____ PHYSICIAN'S # _____

Please list any known medical problems/allergies: _____

Will your child need any medication on this trip? YES _____ NO _____

If yes, please complete the Medication Authorization and Hold Harmless Agreement, POPPS #4231, if it has not been completed this school year. Also, please bring in the correct dose of the medication in a pharmacy labeled bottle with your child's name on it. Medicine should not be taken from the school nurse's supply.

Is there anything else we should know to make this trip a pleasant one for your child? _____

This form must be signed and returned by this date, _____ in order for your child to participate in this field trip.

I hereby give permission for my child, _____, to participate in this field trip. I agree to provide my own health/accident insurance, in the event that my child sustains an injury while participating in the field trip, and further understand that the Nashua School District does not provide medical insurance for this purpose.

In the case of an accident or serious illness to my child, which, in the judgment of responsible school officials, requires immediate action, I request and hereby authorize school employees to administer such medical assistance or to transport my child to a physician or hospital, as they deem appropriate to the situation. I also authorize any physician or hospital employee to administer such medical treatment for my child, as they deem necessary and appropriate to the situation. I will not hold any school employee, physician or hospital employee responsible for acting in accordance with this authorization. I expect to be informed of my child's condition and of the treatment as soon as possible.

Parent (Guardian) _____ Date

Telephone number where you can be reached during this trip: _____

I do not give permission for my child to participate in the trip outlined above:

Parent (Guardian) _____ Date

Yes, I am available to chaperone. Please call me if you need me.

THIS COMPLETED FORM SHOULD ACCOMPANY THE TEACHER ON THE FIELD TRIP.