

FIELD TRIP PERMISSION FORM

STUDENT: _____ **GRADE:** _____

FIELD TRIP: _____ **DATE OF TRIP:** _____

I give my permission for my child to go on the school or classroom field trips. I acknowledge and agree that RSU #78, Rangeley Lakes Regional School, is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment; however, if school personnel are not able to contact me I authorize RSU #78 staff to seek and authorize emergency medical treatment. A photo copy of this document shall have the same force and effects as the original. I release RSU #78, Rangeley Lakes Regional School, from any and all claims of liability which may arise out of any transportation provided by privately owned vehicles.

Parent/Guardian signature

Date

**** Any student and does not represent RLRS to the highest standards may be sent to the bus for the remainder of the day and disciplinary action will be taken the next school day.**

_____ **YES my student will need a bag lunch from the school**

_____ **NO my student does NOT need a bag lunch from the school**