## To Be Translated into the Student's Home Language

## FIELD TRIP PARENT/GUARDIAN/CAREGIVER PERMISSION SLIP

l, the parent/guardian/caregiver of	, hereby give p	permission for my child to attend
I, the parent/guardian/caregiver ofthe field trip tothe field the field that my child will be obliged to Cambridge Public Schools Rights and Respired the Cambridge Public Schools Rights and Respired the Cambridge Public Schools recognizes the field trip trip trip the field trip trip the field trip trip trip trip trip trip trip trip	abide by the school based rules a consibilities Handbook while on th	and the codes of conduct in the is field trip. I also understand tha
the Cambridge Public Schools reserves the circumstances, whether man-made or natur safety of the students and staff of the Camb not be responsible for any financial obligation monies that are non-refundable or are other	ral, would warrant cancellation of oridge Public Schools, and that the ons incurred as a result of the plan	this field trip in the interest of the e Cambridge Public Schools will nning of the field trip, or for any
By entering into this Permission Slip and gra Cambridge, the Cambridge Public Schools, members, and employees from and against action arising out or related to my child's pa understand its terms. I sign it voluntarily an	the School and their respective of t any and all liability, loss, damage articipation in this field trip. I have	officers, directors, agents, e, costs, claims and/or causes of read this Permission Slip and
Parent/Guardian/Caregiver Signature	Name of Student	
Parent/Guardian/Caregiver Printed Name	Relationship to Student	
Date		
Address		
Home Telephone Number		
Work Telephone Number		
Mobile Telephone Number		
PARENT/GUARDIAN/CAREGIVE	ER WAIVER TO LEAVE OR RET	URN FROM FIELD TRIP
I hereby give permission for my child to leave chaperone. By granting the permission as so Public Schools and the School and their reso chaperones, from and against any and all list out or related to my child leaving or returning have read this Parent/Guardian/Caregiver Volumeters of the sign it voluntarily and with full knowledge of	stated herein, I am releasing the Cospective officers, directors, agents ability, loss, damage, costs, claiming from this field trip unaccompanional Waiver to Leave or Return from Fi	city of Cambridge, the Cambridge s, employees, members and/or s and/or causes of action arising ed and without a chaperone. I
Parent/Guardian/Caregiver Signature	Student Signature	Date