

To Be Translated into the Student's Home Language

OVERNIGHT/OUT-OF-COUNTRY PARENT/GUARDIAN/CAREGIVER PERMISSION SLIP

I, the parent/guardian/caregiver of _____, hereby give permission for my child, _____, to attend the field trip to _____

_____ from _____ until _____.

I acknowledge and agree that my child may assume the risk associated with participation in this field trip and the various activities that will be conducted as part of this field trip. Further, I understand that my child will be obliged to abide by the school-based rules and the codes of conduct in the Cambridge Public Schools *Rights and Responsibilities Handbook* while on this field trip as well as any rules of conduct promulgated by the organizers and chaperones of the field trip. I also understand that the Cambridge Public Schools will not be responsible for any expenses incurred if my child is sent home earlier than the scheduled return date due to unacceptable behavior, including without limitation the use of drugs, alcohol, failure to abide by the school-based rules and the codes of conduct in the Cambridge Public Schools *Rights and Responsibilities Handbook* while on this field trip as well as any rules of conduct promulgated by the organizers and chaperones of the field trip and/or any other behavior that compromises the health, safety or well-being of the individuals participating in the field trip.

In the event of illness or injury to my child while on this field trip, I expressly consent to the administration of the Cambridge Public Schools and their authorized agents seeking, obtaining and authorizing the administration of medical treatment for my child, and, if necessary, transporting my child to a medical facility for treatment. I understand and acknowledge that I will bear the sole cost and expense for any medical treatment that my child may receive. Further, I expressly authorize, the Cambridge Public Schools and their authorized agents to act on my behalf while my child is participating in this field trip. Additionally, prior to my child's participation in this field trip, I agree to inform my child's teacher if there is anything in particular that the School should be aware of while my child is on this field trip (i.e., if my child is on any type of medication).

I acknowledge and agree that I and my child will be held responsible for any damage caused to any personal or real property during this field trip. I further agree to promptly pay the Cambridge Public Schools any and all such costs and/or to aid the Cambridge Public Schools in collecting the necessary money to pay for such damages.

I also understand that the Cambridge Public Schools reserves the right to cancel the approval for this field trip if a change in circumstances, whether man-made or natural, would warrant cancellation of this field trip in the interest of the safety of the students and staff of the Cambridge Public Schools, and that the Cambridge Public Schools will not be responsible for any financial obligations incurred as a result of the planning of the field trip, or for any monies that are non-refundable or are otherwise lost due to the subsequent cancellation of the field trip.

By entering into this Permission Slip and granting the permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public Schools and the School and their respective officers, directors, agents, employees, members and/or chaperones, from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out or related to my child's participation in this field trip. I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent/Guardian/Caregiver Signature

Name of Student

Parent/Guardian/Caregiver Printed Name

Student Signature

Date _____

Address _____

Home Telephone Number _____

Business Telephone Number _____

Mobile Telephone Number _____

PARENT/GUARDIAN/CAREGIVER WAIVER TO LEAVE OR RETURN FROM FIELD TRIP

I hereby give permission for my child to leave or return from the field trip unaccompanied and without a chaperone. By granting the permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public Schools and the School and their respective officers, directors, agents, employees, members and/or chaperones, from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out or related to my child leaving or returning from this field trip unaccompanied and without a chaperone. I have read this Parent/Guardian/Caregiver Waiver to Leave or Return from Field Trip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent/Guardian/Caregiver Signature

Name of Student

Parent/Guardian/Caregiver Printed Name

Student Signature

Date