

Epping Middle School  
**Field Trip Permission and Release Form**

Purpose / Class / Organization: \_\_\_\_\_

Adult coordinator: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Destination: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time – depart at: \_\_\_\_\_ return at: \_\_\_\_\_

Transportation: \_\_\_\_\_

Cost: \_\_\_\_\_

Other information: \_\_\_\_\_

.....  
(keep top, tear off and return bottom)

I hereby grant permission for \_\_\_\_\_ to  
participate in the field trip to \_\_\_\_\_ on \_\_\_\_\_.

**EMERGENCY AUTHORIZATION**

In the event of an emergency and I cannot be reached by telephone, I hereby authorize transport and treatment by qualified medical personnel.

Telephone: Home: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

During the hours of the field trip, I/we can be reached at the following telephone number: \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Alert (includes allergies and medications): \_\_\_\_\_

This form serves to release Epping Middle School and all its personnel from liability in cases of accident and Injury connected with this field trip. (Your permission will not release school employees where negligence is established.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_