



Andover Public Schools

Henry C. Sanborn Elementary School

90 Lovejoy Road, Andover, Massachusetts 01810

(978) 623-8860

(978) 623-8866 Fax

Patricia I. Barrett
Principal

Parent Consent for Field Trip and Medical Authorization

Your child is invited to participate in a school-sponsored field trip. Participation in this field trip is voluntary, but you must give permission before your child may go. If you do not give permission, your child will remain at school for the regular day and continue academic work there unless, of course, the trip takes place during non-school time such as weekends and vacations.

Your child will be supervised by teachers and adult volunteers. It is possible that more risks may be faced by participating in this field trip than if your child stayed at school. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child; therefore, you are in the best position to decide whether your child should participate. The School Department and principal have approved this field trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this field trip.

By signing this form, you agree that your child may participate in the field trip. By signing this form, you also agree to release the Town of Andover, its School Department, elected officials, employees, and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind you and your child might suffer as a result of participating in this field trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Should it be necessary for your child to have medical treatment while participating in this trip, and a parent cannot be reached, your signature gives the school district personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that the school district has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

This is a legal document and you are free to obtain a lawyer's advice at your own expense before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release are void.

Student's Name: _____

Parent/Guardian Signature*: _____

Address: _____

Telephone #s: Home - _____ Cell - _____ Work - _____

This consent form relates to the following field trip:

DATE:

DESTINATION: