MANSFIELD HIGH SCHOOL FIELD TRIP PERMISSION SLIP

DATE OF TRIP:11/28/19_ TIME/FROM: _8am TO:2pm			
SUPERVISED BY: Matt McGuire			
NUMBER OF STUDENTS: _92 NUMBER OF CHAPERONES: _4			
DESTINATION (NAME AND LOCA Game	ATION): Ahern Middle Scho	ool - Foxboro for the annual Thanksgiving Day	
TRANSPORTATION: School Bus			
PURPOSE OF THE TRIP: Perform in	n the Thanksgiving Day Gam	<u>ne</u>	
COST TO THE STUDENT (IF ANY)	: <u>None</u>		
Does your child have any allergy or m	edical condition that the teac	ther or chaperone should be aware of?	
If your child requires emergency medi responsible for carrying it with him/he I give permission for my son/daughter	er.	er), you acknowledge that your child will be	
	Student Name (Last, I	First, Middle Initial)	
to visit Ahern Middle School - Foxboro Mass. on11/28/19			
Name and Loca	tion	Date	
IN CASE OF EMERGENCY CALL			
1)			
Name	Tel. No.	Relationship	
2)	Tal Na	Deletion ship	
Name	Tel. No.	Relationship	
Signed:	Date:		

Parent/Guardian

Mansfield Public Schools

Signature of Student

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned father/mother or guardian(s) of
a minor, do hereby consent to his/her participation in a field trip: and do forever RELEASE, acquit, discharge, an
covenant to hold harmless the Town of Mansfield, a municipal corporation of the Commonwealth of
Massachusetts, and its successors, departments, officers, employees, servants, and agents, including but not limite
to the Mansfield School Committee and its employees, servants, and agents, of and from any and all actions,
causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or
in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage
which we/I may now or hereafter have, as the parent(s) or guardian(s) of said minor, and also all claims or right of
action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/he
majority resulting or to result from his/her participation in the Mansfield Public Schools Field Trip;
FURTHERMORE, we/I hereby agree to protect the Town of Mansfield and its successors, departments, officers,
employees, servants and agents, including but not limited to the Mansfield School Committee and its employees,
servants, and agents, against any claim for damages, compensation or otherwise on the part of said minor growing
out of or resulting from injury to said minor in connection with his/her participation in the Mansfield Public
Schools Education Department's voluntary field trip, and to INDEMNIFY, reimburse or make good to the Town
of Mansfield or its successors, departments, officers, employees, servants and agents, including but not limited to
the Mansfield School Committee and its employees, servants, and agents, any loss or damage or costs, including
attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's
intentions, grossly negligent, or reckless acts or omissions while participating in said field trip.
School Mansfield High School
TripThanksgiving Day Game Trip Date:11/28/19
Signature of Parent or Guardian Date Relationship

This form may not be altered