

Permission and Release

This Section to Be Completed by the School

School Name: Goldsmith Elementary School

Destination: Solar Eclipse Instructional Activity at Goldsmith Elementary

Supervising Teacher(s): _____

Date(s) of Trip: August 21, 2017 12:30 p.m. - 3:00 p.m.

This Section to Be Completed by the Parent/Guardian

I, the parent/guardian of _____, hereby give permission for him or her to participate in the above-named field trip.
(Student's Name)

In consideration of the advantages of this field trip, I agree to release, indemnify, and hold harmless the Jefferson County Board of Education, its agents, and employees from liability for bodily injury or property damage that might occur during this trip. If my child has a medical condition that requires health services and/or medication(s) while on this field trip, I have communicated those needs to the school personnel.

Name of Parent/Guardian: _____ Emergency Contact Number: _____

Signature: _____ Date: _____

