



## Field Trip Parent Permission and Risk Release Form

As the parent/guardian of \_\_\_\_\_, I hereby grant consent for him/her to participate in Proctor approved off campus field trips during the 2009/2010 school year.

I also grant permission for said student to participate in special projects that run for more than one day, which may include more extensive travel and risk. I understand that I will, however, be notified of any such travel.

It is my understanding that Proctor will conduct various off campus field trips for the purpose of learning enrichment. As well as off campus field trips for the purpose of social activity such as; but not limited to the mall, the movies, shopping, dining, etc.

I understand that transportation to and from these field trips will be in Proctor vehicles only that are operated by licensed and insured employees of Proctor. I acknowledge that travel in a vehicle can result in serious bodily injury, even death. I am aware of the inherent dangers that may arise in traveling to unfamiliar terrain and territory.

I agree to hold harmless Proctor Academy, Trustees of Proctor Academy, faculty, employees, agents and representatives from any and all claims which may arise from any activity caused by off campus trips whatsoever.

### Authorization for Treatment

As the parent/guardian of the above named student, I hereby give authorization to Proctor staff to take my child to an emergency room of the nearest hospital should, for any reason, they require any minor medical or surgical treatment and/or medication while participating in an approved field trip activity. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student.

I understand that staff will make attempts to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

**I have read and understand the above and I freely give my consent and permission of all things contained herein.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**NOTE:** This form is to be completed by the parent/guardian, returned to Proctor Academy and remain as permanent record for the current year.

Please return to: Rachel MacDuffie. PO Box 500. Andover. NH 03216