

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school -sponsored activity requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from Edgewood Campus School. A brief description follows:

Name of Event: \_\_\_\_\_

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

Designated Supervisor of Activity: \_\_\_\_\_

Date and Anticipated Time of Departure: \_\_\_\_\_

Date and Anticipated Time of Return: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

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

If you would like your child to participate in the above described activity, please complete sign and return this form by \_\_\_\_\_ (date) \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of

\_\_\_\_\_ (name of child) hereby request and consent that my child or ward be allowed to participate in the above-described activity. I understand that this event will take place away from the school grounds and that my child or ward will be supervised by the above-named school employee(s) on the above-stated date(s). I consent to the conditions stated above on participation in this event, including the method of transportation. I understand that I am fully responsible and legally liable for any actions taken by my child or ward during the above-described. activity. I also understand and agree that the school and its employees are not liable for any injuries suffered by my child or ward which are not directly attributable to the negligence of the school or its employees.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Edgewood Campus School, Inc.  
829 Edgewood College Drive  
Madison, WI 53711  
608-663-4100  
608-663-4101 (FAX)