



# BURLINGTON SCHOOL DISTRICT

Building a Learning Community

## Annual Parental Permission & Release Form For Local School Trips & Programs

The Burlington School District believes local field trips and after school programs make an important contribution to students' educational experience. In order to help ensure that these trips and programs are safe and educational for all involved, the District requires this form be completed by the parent/guardian of all students who wish to attend field trips or participate in programs which are offered by the District during the current school year.

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Student name \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
(Name) Day Phone Evening

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**Standing Permission** (to be used for all after school activities and/or school walking field trips):

School Year: \_\_\_\_\_ Trip/Program Type:  Field Trip  After School Program  Other \_\_\_\_\_

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**Specific Trip Permission** (to be used for individual trips and any trip requiring transportation):

Location of trip or program: \_\_\_\_\_

Dates of specific trip or program (used if transportation is used for activity): \_\_\_\_\_

Mode of transportation for specific trip: \_\_\_\_\_

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The Burlington School District and its employees will exercise reasonable judgment and care in the planning and operation of the trips and/or programs. I understand and agree that neither the District nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I also understand and accept that volunteers, including other parents, as well as other members of the community assist in operating these trips and programs.

In case of illness or accident, I request the District to contact me. If I cannot be reached or the emergency contact person cannot be reached at the phone numbers provided, I authorize and direct school personnel to seek emergency medical care or take other action they believe is necessary to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment s/he believes is appropriate, and I agree to pay any resulting expenses.

I have read the above form and my signature below demonstrates I have provided my consent for my child/ward to

- participate in:  after school activities and walking school field trips;  
 the specific field trip or activity above under the terms described above.

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

\_\_\_\_\_  
Date