

2024-2025 School General Field Trip PARENT PERMISSION AND RELEASE FORM

As the parent or guardian of (student's name)	, I hereby give
permission for said student to participate in all	School Field Trips throughout the course
of the 2024-2025 school year, including Extended	ded School Year if my child were to
attend. I understand that transportation will be	e provided to and from the event. I also
understand that I will be notified of each individual	dual event, at which time I will be given
the option of having my child NOT participate.	_

As the parent or guardian of said student, I waive, release and discharge the supervisors of the event and The Laurel School of Princeton and its employees and directors from any and all liabilities or claims that may arise from said student's transportation to and from and participation in the event. This waiver and release includes a release of any and all liabilities or claims based upon or resulting from any injury said student may sustain or suffer in connection with his/her transportation to and from and participation in the event.

Should emergency medical treatment be needed, I authorize the supervisors of this event and/or the employees and directors of The Laurel School of Princeton to provide emergency medical treatment, as needed, or to transport said student to or from a doctor and /or hospital for medical treatment. I also give my permission for medical personnel or a licensed physician to perform emergency treatment and administer medication in conjunction with such treatment

Date:	Parent/Guardian Signa	ture:
Contact #:	N	lame (please print):