

**High Rock School
Museum of Fine Arts
Field Trip**

I/We give permission for the below named student to go to the **Museum of Fine Arts, Boston** on the date his/her cluster is scheduled to visit:

- Cluster 1 June 4, 2018
- Cluster 2 May 23, 2018
- Cluster 3 May 21, 2018
- Cluster 4 June 6, 2018
- Cluster 5 May 22, 2018

We understand that the mode of transportation to and from this event will be by Connolly Bus.

- I/We understand that the people in charge will take responsible precautions for the safety and welfare of all students involved.

- I/We have instructed our son/daughter to behave in a proper manner at all times so as to reflect credit on his/her parents and school and to act in accordance with directions given by those in charge.

- In consideration for our child's participation in the above-described event and except in the case of reckless or willful misconduct, I/We expressly hold harmless from and waive against the Town of Needham, the Needham Public Schools and their employees, agents and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, loss of consortium or other claims that may occur at or traveling to or from the event.

- I/We further consent to emergency treatment by a physician in the event of injury to or illness of our child during his/her participation in the above-described event. I/We accept full responsibility for all costs for any such emergency treatment.

I/We have read and understand this Form and sign it voluntarily with full knowledge of its significance.

Child's Name: _____

Cluster Number: Circle 1 2 3 4 5

•If applicable: I/We give permission for our son/daughter to be given his/her medication by the person delegated by the School Nurse.

Medication/Dosage: _____

Request scholarship for cost of trip: Circle No Yes

Parent/Guardian Signature: _____