

Avon Grove School District  
375 S. Jennersville Road  
West Grove, PA 19390

**FIELD TRIP PERMISSION FORM**

We/I as parent(s) or legal guardians(s) of \_\_\_\_\_ give permission for  
**Student's Name**  
our child to participate in:

Field Trip: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

This permission includes all related programs or events associated with the field trip.

In order for the school district to be able to provide this school-sponsored field trip and to reduce the costs of insurance and the risks of liability to the school district related to the provision of this school-sponsored field trip, the school district seeks your agreement to release it from liability for any claims for injury to person or property that may arise in connection with the field trip. We/I understand that there are certain risks inherent in the nature of the activity related to the field trip, that we/I have knowledge of these risks or have had the opportunity to obtain knowledge of these risks.

Therefore, in consideration of these premises, the sufficiency of which we/I hereby acknowledge, we/I hereby release and hold harmless the Avon Grove School District, its agents and employees, from all claims, damages, or other liabilities for injuries to our/my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the Avon Gove School District, its agents and employees, related to our/my child's participation in the field trip.

We/I understand by these terms that we are/I am releasing the Avon Grove School District, its agents and employees from liability, and our/my signature(s) to this permission slip constitutes acceptance of this limitation of liability.

Our/my child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We/I consent to and give permission for emergency medical care for our/my child that may be needed as a result of my/our child's participation:

Insurance: \_\_\_\_\_ Group#: \_\_\_\_\_ I.D.#: \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

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

\_\_\_\_\_  
**Parent(s)/Guardian(s) Signature**

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

\_\_\_\_\_  
**Parent(s)/Guardian(s) Signature**

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

Each student **must** return the signed permission form and payment before being permitted to participate on the field trip. **Make checks payable to** \_\_\_\_\_. **Forms and money are due** \_\_\_\_\_.

