

**AVON PUBLIC SCHOOLS
FIELD TRIP and TRAVEL
CONSENT AND WAIVER FORM**

STUDENT NAME: _____

FIELD TRIP DESTINATION: _____

DATE OF FIELD TRIP: _____

CONSENT AND WAIVER

I recognize that there are real and inherent dangers in traveling significant distances, by air, bus or train, particularly at this time. I fully understand and accept that my child, the above-named student, may be subject to these dangers while traveling to and from the destination of the field trip described above, and while participating in the trip at that destination, and that his or her death or serious bodily injury may result. Despite these dangers, I hereby request that the above-named student be allowed to participate in the trip planned and all trip-related activities. I specifically consent to his/her participation, and waive any and all claims against the Avon Board of Education, its members, employees, agents and assigns for any injury, including but not limited to death and serious bodily injury, that may result from any actions of any party who is not either employed by the Avon Public Schools or within the direct control of the Avon Public Schools.

I also recognize that the situation in the United States of America and abroad is subject to rapid and unforeseeable changes, and that, in response to current conditions and/or changes in current conditions, the Avon Board of Education may decide to cancel and/or alter any or all field trips. I understand that it is the exclusive right of the Avon Board of Education to alter and/or cancel any or all field trips. I also understand that, if the Avon Board of Education exercises its right to cancel or alter any or all field trips, I will be solely responsible for any and all lost deposits or other monies lost as a result of any such cancellation or alteration.

In addition, if the above-named student requires any emergency medical procedures or treatments during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatments at his/her discretion. Nevertheless, any emergency plan and/or medication administration plan already established for a student will be followed.

Signature: _____

Print Name: _____

Parent/Guardian

Date: _____

