



School Age Field Trip/Transportation Permission Form

School: Bluffs School

Contact: Melinda Willey/Director

Phone: 561.775.1430

Destinations: Lighthouse Elementary Pick-up & Local Field Trips in Palm Beach County, including Water Related Trips if applicable

Child Name: _____

DOB: _____

Parent Name: _____

Contact: _____

Child: SWIMMER NON-SWIMMER

Child Allergies/Medications/Fears:

I agree, and my child agrees to abide by all the rules and safety precautions relating to all field trips. My signature acknowledges that I have been informed of the reasonably expected hazards associated with a field trip in which my child will be participating. I also acknowledge that my child will be traveling by school bus owned and operated by the Bluffs School and I further agree to accept responsibility for any negligent, willful or intentional act of my child and as a result will indemnify and hold harmless the school for all costs, damages, and attorney fees. In the event of an emergency, reasonable attempts will be made to contact the parents(s). This would not prevent the emergency health care provider from acting in the best interest of the child. I authorize emergency medical treatment for my child in the event of an accident or illness during a field trip.

Parent/Guardian: _____

Date: _____