

Please return completed by Friday, October 20, 2023



Parental Authorization for Day Field Trip

Students: 1) Complete the "Student Agreement" section.

Parent / legal guardian, if the student is under 18 years of age, or student, if at least 18 years old:

- 1) Complete the "Authorization & Acknowledgement of Risks" section.
- 2) Complete the "Medical Authorization" section.

T O B E C O M P L E T E D B Y T H E S C H O O L	School Name: Boston Latin School	Student Name: _____
	Date(s) of Trip: Wednesday, October 25, 2023	Destination: Boston Symphony Hall
	Purpose(s): To attend BSO's Youth Concert Series performance	
	List of Activities: Attend BSO's Youth Concert Series performance	
	Supervision: (Check One) ☒ Students will be directly supervised by adult chaperones on this trip at all times. ☐ Students will be directly supervised by adult chaperones on this trip with the following exceptions:	
	Mode of Transportation: (Check all that apply.) ☒ walking ☐ school bus ☐ MBTA ☐ Other _____	
	Students will leave from: _____ BLS _____ at _____ 9:00 am _____. (where) (time)	
	Students will return to: _____ BLS _____ at about _____ 12:45 pm _____. (where) (time)	
	Chaperone(s) in Charge: Raquel Jacobson-Peregrino Chaperone/Student Ratio: 1:10 _____ (max. ratio for K-5, 10:1; max. ratio for Grades 5+, 15:1)	
	STUDENT AGREEMENT While participating in this field trip, I understand I will be a representative of BPS and my community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abiding by school-based rules and the Boston Public Schools' Code of Conduct. _____ Student Signature Date	

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on the front page of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under BPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless BPS and any of the individuals and other organizations associated with BPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Boston Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that BPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a BPS supervised activity. Such occasions are noted in the "Supervision" section in this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by BPS in the light of my/my child's failure to follow these regulations, or for any reason which BPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and behavioral health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to BPS any medications (including over-the-counter/herbal) and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above-described trip including the admittance to and release from a medical facility.

____ **NO:** My child **DOES NOT** require medication during this trip.

____ **YES:** My child **DOES** require medication during this authorized trip. **If you checked yes**, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again. If necessary, attach an additional page.

SIGNATURES

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature

Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

Parent/Guardian Signature/s

Date

The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:

Print Parent/Guardian/s First and Last Name/s:

Address:

Telephone: (CELL, HOME, WORK)

Emergency Contact's First and Last Name (other than parent/guardians):

Relationship to Student:

Emergency Contact's Telephone #s:

--	--

