

Math Team
Kennebunk High School Field Trip Permission Form

_____ has my permission to attend the school field trip.
(Name of Student)

to Math Meet* (4 events) on _____
(Location of Event) (Date)

The bus will leave at 2:30 and return approximately 6:30.
(Time) (Time)

The field trip will involve the following activities: *(Teacher: please describe trip and activities):*

Math meets Oct 30 @ Traip Dec 4 @ Marshwood
Jan 29 @ Massabesic March 4 @ Wells

Items students should bring (if any): Calculators, pencils, snack

Name of teacher(s), staff, coaches or chaperones:

Alexis Ovington aovington@rsuz1.net

Only if applicable, complete the following:

- a. My child has the following medical problem: _____
- b. My child takes the following medication(s) regularly: _____
- c. My child has the following allergies: _____

I hereby agree to assume the risk of and to release, indemnify and hold harmless the District, its agents and employees from any and all liability, actions, suits, damages, and claims of any kind or nature whatsoever (including liability, actions, suits, damages and claims caused by or arising from the negligence of the District, its agents and employees) for any injury, harm or damage to his/her person or property that may arise or occur during or in connection with said trip.

Parent/Guardian (Date)

Emergency Contact 1: (Relationship) _____

Home Phone: _____ Cell: _____ Work Phone: _____

Emergency Contact 2: (Relationship) _____

Home Phone: _____ Cell: _____ Work Phone: _____

In case parent/guardian cannot be reached, please contact: _____
(Name)

Relationship: _____ Telephone #(s): _____