

**HUNT MIDDLE SCHOOL**  
**Yearly Parental Permission and Release Form**  
**For Local School Trips and Programs**

The Burlington School District believes that field trips and after school programs make an important contribution to students' educational experience. In order to help ensure that these trips and programs are safe and educational for all involved, the District requires that this form be completed by the parent/guardian of all students who wish to attend field trips or participate in programs which are offered by the District during the current school year.

Type of Trip/Programs: visiting local businesses, attending the Flynn Theater, etc.

Locations: Within Within Chittenden County

Dates: 2017-18 School Year Mode of Transportation: Bus/Car/Walking

Name of Student: \_\_\_\_\_ School: Hunt Middle School

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Numbers: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Name Phone (day) (evening)

The Burlington School District and its employees will exercise reasonable judgment and care in the planning and operation of the trip and/or program. I understand and agree that neither the School District nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I also understand and accept that volunteers, including other parents, as well as other members of the community may assist in operating this trip or program.

In case of illness or accident, I request the School District to contact me. If I cannot be reached or the Emergency Contact person cannot be reached at the phone numbers I have provided, I authorize and direct school personnel to seek emergency medical care or take other action they believe is necessary under the circumstances to protect the best interest of my child/ward. If my child/ward is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and I agree to pay any resulting expense.

I have read the above form and my signature below demonstrates that I have provided my consent for my child/ward to participate in the trip/program under the terms described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date