



# Permission and Release of Claims (Student Field Trip Attendance)

**To Be Completed by Field Trip Sponsor:**

[La. Rev. Stat. Ann. §§17:81,17:176.1](#)

Date of Field Trip (Activity): \_\_\_\_\_ Location: \_\_\_\_\_

Transportation: Bus or Private Driver \_\_\_\_\_

**To Be Completed by Parent or Guardian:**

I, \_\_\_\_\_ (Parent Name), acknowledge that my child, \_\_\_\_\_ (Student Name), may participate in the above mentioned activity. I also give permission for him/her to use the above mentioned mode of transportation whether bus or private driver for this activity.

I hereby release the Lafourche Parish School Board ("Releasee") and hold Releasee harmless from any liability as a result of any injury or harm to my child as a result of my child's participation in this activity.

I acknowledge and assume all risks associated with my child's participation in the activity as my child's legal guardian and I acknowledge that the possibility of injury to my child does exist as a result of his/her participation considering the nature and scope of the activity.

I acknowledge that, I am not an employee, agent or representative of the Releasee and any injury or accident which my child may cause shall not be imputed to the Releasee and any injury to my child caused by a fellow student shall not be imputed to the Releasee under any theory of law.

In an emergency, I give permission to the private driver or adult supervisor to use their judgement in securing medical care and/or an ambulance. Also, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student; in the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury. I understand that an attempt will be made by attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student, shall be given.

Emergency Contact 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I am at least 18 years of age, have read the above, and fully and freely sign this Release.

\_\_\_\_\_  
Parent or Legal Guardian (print)

\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Date