

FIELD TRIP PERMISSION FORM

102 CMR 7.34 (5) (C)

Facility: LEXTENDED DAY AT Estabrook

Address: 117 Grove Street, Lexington, MA 02420

CHILD'S NAME: _____

I, _____, give permission for my 4-5
(parent/guardian's name)

child to attend a field trip to Boda Borg, by BUS
(location) (method of transportation)

on 11/29/18 from 1:00 PM to 4:30pm.
(date) (time) (time)

I understand that transportation will be provided by Bedford Charter Services, Inc. Further, I hereby assume full risk, waive all claims, release and hold Lextended Day Program, Inc. (dba: Lextended Day), its teachers, executive director, and board members, individually or otherwise, harmless for any and all claims for injuries or damages that may occur to my child while participating in the Boda Borg field trip.

(Parent/Guardian's Signature)

Date