

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 2- 3
(parent/guardian's name)

child to attend a field trip to Harvard Natural History Museum , by _____ BUS _____

on 1/17/19 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 Harvard Natural History Museum field trip.

(Parent/Guardian's Signature)

Date