



L'Ecole Française du Maine

Universal Field Trip Permission Slip 2021/2022 SCHOOL YEAR

I grant permission for my child/ward:

Name: _____

Grade: _____

to participate in educational field trips and activities at the following locations:

Casco Bay YMCA - Freeport Athletic Fields – Winslow Park – Wolfe Neck Center And Park-

Walks In South Freeport Village & Bliss Woods - South Freeport Church/Community Hall - Freeport Library

Educational purpose: Curriculum enrichment

Group/s attending: Preschool – Grade 6

Name of teachers: EFDM Staff

Means of Transportation: Walking Or School Van

Student's specific medical needs: (if different from emergency form on file in school office)

Name of medical provider: _____

Telephone number: _____

Emergency notification number of parent: _____

Alternate emergency name and telephone number: _____

AUTHORIZATION TO TREAT MINOR:

In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child and that I will be responsible for said expense.

Prescription or over-the-counter medication my child is taking:

I certify that I have on file in the school office, a current form stating all medications that my child must take.

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE FOLLOWING TERMS AND CONDITIONS LISTED BELOW:

- 1- I understand that this field trip is optional and a voluntary activity. Attendance by my child is not required.
- 2- EFDM does not provide students with field trip accident insurance.
- 3- I, the undersigned, the parent or legal guardian of the above-named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the School, its employees, teaching assistants and volunteers, the governing board, the individual members thereof, from all liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney fees) for any harm, injury or death arising out of this field trip.

Date: _____

Parent/ Guardian Signature: _____

Parent/ Guardian Name (please print): _____