

Grade _____ son/daughter

Annual Field Trip Permission Form
Valid August 2021-May 2022
Salida Middle School

PARENT OR GUARDIAN:

I give my permission for my son/daughter (full legal name) _____
to participate in the field trips of Salida Middle School during the 2021-2022 school year. I
understand that my son/daughter must agree to obey the instructions of the SMS teachers,
chaperones, and location supervisors.

Should an emergency arise, the teachers and chaperones of the field trip(s) have my permission
to seek and obtain any necessary medical care for my son/daughter.

I agree to hold harmless and indemnify Salida Middle School and Salida School District R32J, its
employees, and volunteers against any claim or action that might arise on behalf of me or my
son/daughter other than for the willful, wanton, or reckless misconduct of Salida Middle School,
its employees, or volunteers.

Parent/Guardian (Signature)

Date

Parent Full Legal Name (Printed)

Telephone (Home) _____ (Cell) _____

(Work) _____

Emergency Contact Name _____ Telephone _____

Student Home Address _____

Allergies _____