



## Universal Field Trip Permission Form

I/We, the undersigned Parent(s) or Legal Guardian of \_\_\_\_\_ do hereby give my/our permission for my/our child to accompany The Campus Lab School of Carlow University Faculty/Staff Members and designated chaperones on field trips that are planned or will be planned in the current school year.

I understand that I will be notified of any cost, the date, and time of departure and the anticipated return time(s).

In consideration of the agreement of The Campus Lab School of Carlow University to allow my child to participate in this field trip, and INTENDING TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless The Campus Lab School of Carlow University, Carlow University, The Campus Lab School Administration and all faculty member chaperones or their successors and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on his/her behalf.

I/We agree that in case of injury to my/our child, I/we will apply our hospitalization and/or accident insurances toward the payment of the expenses incurred and will not look to The Lab Campus School of Carlow University, The Campus Lab School Administration, or any faculty or staff member for the payment of any medical or related costs.

I \_\_\_\_\_ certify that I am the legal guardian of \_\_\_\_\_  
(Parent Name) (Child's Name)  
and I understand that all school policies and procedures, including discipline and behavior policies and the field-trip specific policies outlined above, will apply to my child while on school sponsored field trips.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_