

**AUBURN CITY SCHOOLS
TRIP PERMISSION FORM**

I, _____
Mother/Father/Guardian (Circle One)

hereby grant permission for my child, _____

to go on a trip to **Author Visit: Malcolm Mitchell (AJHS)**

TIME AND DATE OF DEPARTURE: _____ 9:30 am _____ 2-14-23
(Time) (Date)

ESTIMATED TIME AND DATE OF RETURN: _____ 11:30 am _____ 2-14-23
(Time) (Date)

METHOD OF TRANSPORTATION _____ Bus _____

TEACHER OR CLASS _____ 3rd Grade/CES _____

COST TO STUDENT (IF ANY) _____ FREE _____.

In granting this permission I hereby expressly waive my claim for liability against Auburn City Schools, the Board of Education, including its employees and representatives, and release them from all liability in connection with this trip.

Further, I assume full responsibility for any damage to persons or property caused by my child or ward. I further expressly agree that in the event disciplinary action may be necessary, my child or ward may be forthwith returned home at my expense.

Further, in case of injury or emergency to my child or ward, I hereby authorize the school to act in the best interest of my child. I further consent and will be responsible for any medical or dental treatment that may be advisable at the discretion of any physician or dentist. I understand that I will be personally notified if it becomes necessary for my child or ward to be returned home and/or require health treatment.

It is further warranted that if this CONSENT FORM is signed by one of two parents or guardians, it is with the authority of the other.

*** THE FIELD TRIP COST IS NON-REFUNDABLE ***

****Field trips can be paid for online via the [My School Bucks link](#) found under the "For Parents" on the ACS webpage.***

Online payment confirmation number: _____

Signature of Parent or Guardian

Date