

**FIELD TRIP PERMISSION SLIP**

I understand that from time to time my child(ren)

\_\_\_\_\_ may  
have an opportunity to participate in trips that will  
take him/her away from the Parkside campus. I  
understand that these trips will be under the direct  
supervision of faculty member(s) of Parkside School and  
that my child may be transported by private vehicle.

I request that my son/daughter be allowed to attend  
such field trips.

I also authorize any medical treatment in case of  
emergency, and agree that I am responsible for the cost  
of such treatment.

The undersigned agrees to release, hold harmless and  
indemnify Parkside School's representatives and  
employees from all claims, damages, or other  
liabilities for injuries to my child which are not the  
result of gross negligence, intentional neglect, or  
willful or wanton conduct by the school or its agents,  
representatives, or employees.

Date: \_\_\_\_\_

Signature of parent or legal guardian:

\_\_\_\_\_