Students enrolled in The Science of Traditional Craft class will be participating in a variety of field trips throughout the semester. The majority of the trips will be to Old Sturbridge Village. A few may be to other local sites within the Tantasqua district. The experiential learning provided by these trips is an essential part of the Science of Traditional Craft course.

All field trips are chaperoned by Tantasqua staff. Transportation will be provided by teachers driving the Tantasqua mini-bus and, on occasion, teachers driving their personal vehicles. The field trips will be conducted during the scheduled class period.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of

*(parent/guardian name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my permission for my

*(student’s name)*

son/daughter to participate in the field trips associated with the Science of Traditional Craft curriculum.

It is understood that my child is taking this class and attending field trips on his/her own free will and agrees to abide by the rules and requirements of the course and Tantasqua Regional Senior High School. In consideration of the permission extended by Tantasqua Regional Senior High School to attend these activities, I hereby for myself, my heirs, administrators, and assigns waive and release any and all rights or claims of any nature, against the Tantasqua School District, and any persons connected with the activity, their representatives, successors, and assigns for any and all injuries or damages which my child may suffer while taking part in these activities, and I agree to indemnify and hold harmless the District and all such persons against any claims arising there from.

If an emergency arises on field trips, it may become necessary to seek care in the way of medical attention from your child before you can be contacted. Such care can be provided only if you sign the authorization below.

In case of minor illness or injury, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 *(parent/guardian name)*

parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my

 *(student’s name)*

permission for the supervisor of my child to administer necessary treatment or first aid.

In case of emergency, I hereby authorize the supervisor or the person in charge of the activity to permit a physician, medical facility, or trained emergency technician to administer emergency care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent/guardian signature) (date)*