



Field Trip Release Form

The Grauer School, LLC, plans various trips using private transportation to areas in the county and occasionally farther during the school year. Instead of individual field trip forms, we are asking that you sign this blanket form for trips scheduled from this date as long as the student remains in attendance or this form is superseded in writing. This will help us avoid the confusion of individual forms.

You will be notified of individual trips whenever they are of longer than one day in duration. Transportation will be by school vehicles, by teachers' and/or parent's private automobiles or by professional transportation services. High school students are occasionally released to drive also.

In addition to signing this form, we require you to log on to your personal Grauer on-line account and fill out all necessary safety forms . Thank you!

My son/daughter _____ (print full name) may go on all field trips. I understand that reasonable precautions will be taken for the safety of my son/daughter in the field. I also understand that transportation may be by private automobile. Further, if a licensed driver, I request that my son/daughter may drive him/herself on field trips if released by the school director or class teacher for that purpose. I will not hold *The Grauer School, LLC*, or any of its teachers, officers or employees responsible in case of accident.

I also authorize school officials to arrange for professional care and treatment in case of medical emergency in accordance with School Medical and Emergency Contact form; this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I release the school and its agents and instructors from liability for damages and injuries occurring on all field trips; I save and hold harmless the aforescribed persons from any claim arising out of participation in any school trip. Signature of this contract also confirms that the Student has a medical/accident insurance policy which will remain in effect throughout the school years, as long as the student is in attendance, and that I will notify the school immediately if for any reason the insurance lapses.

Signed: _____
Mother or Guardian

Father or Guardian

Date: _____

Date: _____

ALL PARENTS/GUARDIANS PLEASE SIGN THIS FORM or SEPARATE FORMS

Indicate if you are a single parent/guardian
This form can only be superseded in writing.