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2013-2014 Field Trip Permission

PLEASE PRINT

I understand that from time to time my student, _____ may participate in field trips that will take him/her away from the campus. I understand that all trips will be supervised by Emerson faculty or staff but may not be announced in advance. I understand that the field trips may involve the use of public transportation.

I authorize any medical treatment in case of an emergency without prior consultation with me, and agree that I am responsible for the cost of such treatment.

I agree to hold the School and all persons acting in its behalf harmless and release them from any loss, injury, damage, costs and liability of every nature, kind and description arising from such field trips and from any medical treatment except for gross negligence.

Further, I expressly authorize School staff and/or volunteers participating in such field trips to review my Student's medical records prior to any field trip.

I hereby give permission for my student, _____ to attend such field trips.

Signed: _____ Date: _____
Parent/Guardian

Print Parent/Guardian Name: _____

Signed: _____ Date: _____
Student