



**Field Trip & Photography Release**  
2009-2010 School Year

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

**Field Trip Permission and Medical Release Form**

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Please initial **all** of the following:

\_\_\_ I understand that from time to time my child may have an opportunity to participate in trips that will take him/her away from the campus. I understand that these trips will be under the supervision of a faculty or staff member of Country Day School and that my child will be transported in a school owned, contracted, or designated vehicle (or by regularly scheduled airlines or chartered service for certain trips/outings).

\_\_\_ I request that my son/daughter be allowed to attend such field trips unless I notify otherwise. I understand that prior notice of any such field trip will be provided by hardcopy and/or posted on the school website ([www.countrydaylargo.com](http://www.countrydaylargo.com)).

\_\_\_ I understand that the faculty and staff of Country Day School are committed to the safety and well being of each child on such a field trip. However, in the event of an injury, I authorize any emergency medical treatment and agree that I am responsible for the cost of such treatment. Additionally I agree to release, hold harmless and indemnify Country Day School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees.

**Photography Release Form**

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From time to time students may have an opportunity to appear in school related media. This most likely would include student performances or classroom work presented on our website or in printed materials.

Please select and initial **one** of the following:

\_\_\_ I give permission for Country Day School to use any photographs or videotapes of my child taken at school in various publications, including but not limited to website, brochures, yearbooks or news media coverage.

\_\_\_ I do **not** want my child to appear in any publications or media coverage.

**Signature of Acknowledgement**

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Parent or Legal Guardian: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_