



Trinity School

Parental Permission

Trip Information

Name of Teacher: Dana Albert Course: debate

Date of Trip: 3/4 - 3/6

Times of departure: see email Estimated Return Time: see email

Trip Description with Itinerary (activity, location, transportation):

see email - debate at columbia

Name of Student: _____ Grade: _____

Emergency contact person: _____

(Please also enter emergency contact information on your child's profile on TigerNet)

Relationship to student: _____

Phone number(s): _____

Parent Information: (Please complete all items!)

Parent's Evening Contact Numbers (if different from or in addition to emergency contact number above):

I give my child permission to attend the trip/ event described above. I further understand and agree that my child will only be permitted to participate in this trip/event if the "Trinity School-General Agreement/Release/Waiver For Student Activity/Trip" is fully executed by me and also signed by my child

Parent/Guardian Name (print): _____ Signature: _____

Trinity Upper School Emergency Contact Numbers:

Caren Fall, Administrative Assistant, Upper School	(212) 932-6894
Chance Sims, Assistant Principal, Upper School	(212) 932-6870
Jessica Bagby, Principal, Upper School	(212) 932-6896
Sharon Keigher, Dean of Students, Upper School	(646) 827-6727
Irene Bosker, Nurse	(212) 932-6825



Trinity School

TRINITY SCHOOL—GENERAL AGREEMENT/RELEASE/WAIVER FOR STUDENT ACTIVITY/TRIP

My child, _____, has been given the opportunity to participate in a school trip to _____ on _____, which is being made available to students of Trinity School. In

consideration of my child being allowed to participate in this trip: (1). I give my express permission for my child to participate fully in said trip; (2). I assume all risks of participation in said trip, including but not limited to any risk associated with any special medical needs or conditions of my child*; (3). I authorize the chaperones who will participate in said trip, to obtain on behalf of my child, at my expense, any necessary emergency medical services which may be required at any time during said trip; and (4). I agree that to the extent there is any loss of or damage to property or personal injury to my child, my child and I hereby release, hold harmless, and indemnify Trinity School and its officers, employees, trustees, agents, and representatives against any and all claims, liabilities, damages, and expenses, including reasonable attorney's fees, with respect to any injury to my child, regardless of severity, and/or loss of or damage to property of any type relating to or arising out of any activities or occurrences on said trip.

To be completed by faculty sponsor/trip leader:

Activities include:

Date(s) of Activity: 3/4 - 3/6

*NOTE: Special medical needs or conditions of my child include _____

I have made appropriate arrangements regarding such medical needs or conditions.

My medical insurance company is: _____

My medical insurance policy number is: _____

Family Physician: _____ Phone _____

My phone number during the time that my child will be on this trip is _____

I HAVE READ THIS AGREEMENT/RELEASE/WAIVER CAREFULLY AND UNDERSTAND THE CONTENTS.

Parent or Legal Guardian's Signature _____ Date _____

Student's Signature _____ Date _____