

**Nantucket Public Schools**  
**Off-campus Field Trip**  
**Authorization & Hold-Harmless Agreement**

\_\_\_\_\_ has my permission to attend the  
Nantucket High School trip to \_\_\_\_\_  
as part of his or her \_\_\_\_\_ class. The date for this trip is  
\_\_\_\_\_.

I understand that this is a \_\_\_\_\_ trip and that my child's  
teacher, \_\_\_\_\_ will serve as the primary chaperone. Additional  
chaperones for this trip will be \_\_\_\_\_. The group will  
travel to and from the site via \_\_\_\_\_. The group will lodge at  
\_\_\_\_\_ in \_\_\_\_\_.  
The phone number of the hotel is \_\_\_\_\_.

The chaperones agree to act in a responsible manner; therefore, I will not hold  
Nantucket Public Schools, Town of Nantucket, or the chaperone(s) liable for any  
injury or loss sustained during the trip by the student named above except for  
alleged acts of gross negligence.

Nantucket Public Schools and Town of Nantucket can not and will not be held  
liable for claims stemming from accidents, injuries, etc. I certify that my child  
has medical/accident insurance I deem appropriate.

I understand that this trip is sponsored by Nantucket High School. Accordingly,  
students will be held to the behavioral expectations found in the Student and  
Parent Handbook for the entire duration of the trip. I also understand that, in  
addition to any appropriate disciplinary actions that are taken by the chaperones  
in response to my child's behavior, further disciplinary actions may be taken by  
the school administration upon return to school after the trip has ended.

My signature below acknowledges that I have read this entire Parental Authorization & Hold-Harmless Agreement and have had any and all of my questions completely and satisfactorily answered prior to signing. I understand that my signature is legally binding and that this form serves as confirmation that I accept full and unconditional liability for my child's welfare.

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(Signature of parent/guardian) (Date)

In case of emergency, contact:

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(printed name)

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(relationship to student)

at: \_\_\_\_\_  
(phone number)

Allergies, special needs, or other important information:

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