

# SHAMROCK FARMS FARM TOUR

## PARENT PERMISSION FORM FOR FIELD TRIPS, STUDY-TRAVEL ACTIVITIES AND TRANSPORTATION FOR CO-CURRICULAR ACTIVITIES

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to: \_\_\_\_\_ on \_\_\_\_\_  
(Place) (Date)

We hereby grant permission for our son/daughter/ward to participate. We recognize that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). By signing this agreement, we expressly acknowledge assumption of all the risks associated with touring an active dairy farm, including but not limited to, exposure to live cattle, exposure to heavy machinery, normal risks associated with the playground area, and riding in an open tram. We further agree to release and hold harmless **Shamrock Farms**, their subsidiaries, agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

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\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Parent or Guardian (signed) Date

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

CellPhone \_\_\_\_\_

Please check below IF your child has sensitivity to:

Bee Sting  Nuts  Dairy  Latex  Other \_\_\_\_\_

Required medications: \_\_\_\_\_

Please check below IF your child has:

Asthma  Diabetes  Kidney Injuries  Seizure Disorder  Heart Condition  Other Medical

Condition

Required medications:

\_\_\_\_\_  
Other medications:

\_\_\_\_\_  
If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on record in the Health Office. (If ordered by the student's physician, an epipen must be provided for all field trips.)



Shamrock Farms Farm Tour  
Photographic and Interview Release Form  
**SPECIAL EVENTS ONLY**

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby grant consent to use and release to Shamrock Farms Farm Tour the use of my child's/children's name and likeness, whether in still or motion pictures, audio and/or video tape, photograph and/or other reproduction including voice and features with or without name for any promotional purposes involving the Shamrock Farms Farm Tour, news or feature stories or other media including the Internet and/or World Wide Web or other purpose whatsoever.

These items may be used without limitation or reservation of any fee.

Please know that minors cannot consent to media interviews or waive their privacy rights. These decisions must be made by parents/guardians, therefore this release form must be signed by parents/guardians when the individual is a minor.

Parent Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

If you do not grant consent, check the box below and sign below.

**I DO NOT** grant consent.

Parent Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_