FIELD TRIP AND ACTIVITIES FORM

I give permission for my child(ren) to take part in all school activities, including school-sponsored trips away from the Woodbine Community School premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity, with the understanding that insurance will be maintained on my child by myself. I understand that I will be notified before each activity.

Name(s) of child(ren)	Grade	
	Grade	
		
Parent/Guardian Signature	Date	
Parent/Guardian Signature	Date	
I understand that my child(ren) may be occa School. I understand that these photograph	URE RELEASE FORM asionally photographed/videotaped at Woodbine Community as may be published in newsletters, newspapers, brochures an about Woodbine Community School. I authorize Woodbine for the purposes listed above.	
	Grade	
	Grade	

Date

Parent/Guardian Signature

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