

**PELHAM SCHOOL DISTRICT POLICY
IJOA-R2 – RELEASE OF STUDENT TO PARENT-GUARDIAN AFTER
FIELD TRIP OR ACTIVITY**

**RELEASE OF STUDENT TO PARENT/GUARDIAN
AFTER FIELD TRIP OR ACTIVITY**

I request that _____ at _____
Print Student Full Name *School*

be released to my custody after _____ on _____
Trip/Activity *Date*

at _____
Location of Event or Pick-up Point

rather than returning to the school in the transportation provided by Pelham School District.

WAIVER OF CLAIMS

I agree that once my child is released to my custody, I assume full liability and responsibility for my child and any and all potential risks. I also agree that the Pelham School District will have no further responsibility for my child related to this activity. I also understand and agree that the costs for this activity, if any, will not be adjusted because my child is being released to me.

Print Parent/Guardian Full Name

Approval Signature (Parent/Guardian)

Home Phone Number

Cell Phone Number

Date