



Islam School of Rhode Island, 840 (rear) Providence St., West Warwick RI 02893

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## **FIELD TRIP PERMISSION AND RELEASE FORM**

We, the undersigned parents/guardians of student mentioned below, hereby consent and authorize the aforesaid named student, with our permission, to leave the premises of the Islamic School of Rhode Island (ISRI) during the school day to participate in the ISRI field trip as highlighted below.

In consideration, we the undersigned agree that ISRI, its staff, administration, and employees, acting officially or otherwise, and the drivers/volunteers and/or owner of the vehicle used for transportation shall be released and exempt from any damages for bodily injuries or property damages that may occur during the trip.

**STUDENT NAME**-----

**GRADE**:-----**TEACHER**:-----

**FIELD TRIP**:-----**LOCATION**:-----

**ADDRESS**:-----**DATE**: ---/---/---**TIME**:-----**To**-----

**FEE (cash only please)**:-----

**Deadline to receive form**:-----

ISRI and its staff will provide a safe and protective environment while your child is in our care. However, in case of an emergency, I give permission for my child to receive medical treatment.       Yes  No

**Allergy information (food and/or medication)**-----

1) **Emergency contact**----- **phone number** ( )-----

2) **Emergency contact**----- **phone number** ( )-----

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**Parent/Guardian's Signature**

**Date**

**NOTE:** Parents/Guardians are encouraged to be volunteer chaperones and provide transportation during trips.

*I am not interested in volunteering for this field trip.*

*I would like to be a volunteer on the above field trip.*

1) **Parent/Guardian**-----**phone number** ( )-----

2) **Parent/Guardian**-----**phone number** ( )-----

**Comments**:-----