TO: [name], Principal
       [School]

FROM: [name of parent]
       [address]
       [phone]

SUBJECT: REQUEST FOR SPECIAL PERMISSION TO RELEASE [STUDENT'S NAME]
            AT _____ [SPECIFY FIELD TRIP LOCATION] AND RELEASE OF CLAIMS

DATE:

I am the [parent] [guardian] of [Student's name].   [Student's name] with my permission will be participating in a school sponsored field trip to [city], Florida on [date] , 2005.   This memorandum is to request special permission to grant an exception to the *Field Trip Procedures* and to allow [student's name] to be released to my custody at no later than _____ a.m./p.m. on [date], 2005 at _____ _____ [specific street address with room number and name of building, as necessary], [City], Florida.

I understand that in order to avoid any delays for the return trip to Miami of all other students who are participants in the field trip, I personally must be at the appointed time and location to take custody of my child.   In the event that I personally fail to appear, and show proper /positive identification, at the above-given time and location, I understand that [student's name] shall travel back to Miami in the school bus with all other participants of the field trip. This approval of my request shall become null and void by my failure to be punctual in taking custody of my child.

In consideration for the School District granting this request, I hereby release, indemnify and hold harmless The School Board of Miami-Dade County, Florida, its officers, agents, representatives, and/or employees from any and all claims, actions, liability, judgments, attorney's fees, or any other type of expense which may arise from, or by reason of, known or unknown claims arising from the release of my child to my custody as described-above. I further covenant not to sue the School Board, its officers, agents, representatives and/or employees for any claim arising from any loss, injury or damages occurring as a result of the release of [student's name] to my custody, as described above.

I have fully read, and understood the terms contained in this request and release, waiver of rights, and indemnification agreement and agree to them. I acknowledge that this request and release are made voluntarily and without threats, duress, or promises of any kind, and are given in furtherance of my request to release [student's name] to my personal custody at the time and place above-described.

Date: _____   _____
                                        Signature of Parent or Guardian

_____   _____
Parent/Guardian's Telephone   Parent/Guardian's Address

_____   _____
Witness' Signature   Witness' Signature

_____   _____
Printed Name   Printed Name