

**PARENT VOLUNTEER RELEASE FORM**

**Mr. Algird C. Pretkelis**  
**Principal/Kelly High School**

**FIELD TRIP TO:** \_\_\_\_\_

**DATE(S)** \_\_\_\_\_

Please be advised that I would like to participate in this field trip and provide support and assistance to school personnel and students.

I assume full responsibility for my actions and authorize school personnel to act on my behalf in the event of an emergency situation.

I hereby release the Chicago Board of Education, its officers, members, employees, agents and volunteers from any liability or claims arising out of, or in any way connected with this trip.

Parent Volunteer's Name: \_\_\_\_\_

Parent Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Day Telephone: (\_\_\_\_\_) \_\_\_\_\_

Night Telephone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Please indicate any medical needs in which school personnel should be aware of during this trip.

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