



## FIELD TRIP RELEASE FORM

I \_\_\_\_\_ am assuming custody of  
(Print full name)

\_\_\_\_\_ on \_\_\_\_\_  
(Print full student name) (Date)

I understand that I may be asked to provide valid identification and that the Howard County Public School System is released of all liability.

I assume all responsibility for my child upon release.

HCPSS Staff Member Releasing Student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Time of Release: \_\_\_\_\_