



Field Trip Permission Form

I hereby give my permission for _____, who attends _____
(Student's name) (School)

to participate in a field trip on _____ Leaving at _____ Returning at _____ for the purpose of _____
(Date) (Activity)

See attached itinerary.

Transportation for this activity will be provided by:

- District bus/vehicle
- Rental bus/van: _____ Staff/volunteer/parents transporting students
- Private vehicle: _____ Staff/volunteer/parents transporting students

Transportation for this activity will be not be provided by the district.

- Parent/Guardian will be responsible for student transportation

The following items are applicable if checked:

- Bring a sack lunch without bottles or glass containers.
- Students should bring money for the trip.
- Student **SHOULD NOT** bring money for the trip.

Student's address: _____ City _____

Student's home phone # _____ Date of birth: _____

Family Physician _____ Phone #: _____

Preferred Hospital _____

Medical conditions, medication information or allergies district should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone#: _____

I hereby acknowledge as a parent or guardian of a student participating in this field trip that I have read, understood and agree to the above.

Printed Parent/Guardian name: _____

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity

I authorize qualified emergency medical professionals to examine the above named student in the event of injury or serious illness, administer emergency care including transporting if necessary. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of parent/guardian **Date** **Work phone** **Home phone**

EXTENDED TRIP INFORMATION

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment.

Signature of parent/guardian **Date**