FIELD TRIP PERMISSION

has permission to participate in the following field trip. (Student)

Location: Date(s): Departure Time:

Return Time:

I also approve of my child being transported by .

I have indicated below any medical/personal information regarding my child which the sponsor(s) should be aware of. (This information will be kept confidential.) I also acknowledge that my child will be expected to abide by district, school and specific trip policies, rules, and regulations.

# In case of emergency, I grant permission for emergency procedures/ hospitalization to be provided for my child.

My child **has no** medical concerns and **will not** require medication to be available while on the field trip.

My child **does have** a medical concern and will require medication to be available while on the fieldtrip. Examples may include: epi-pens, inhalers, oral medications, or diabetic supplies. Please list your child’s medical/personal information or needs:

\***\* Please apply sunscreen to your child prior to an outdoor field trip to help prevent any sunburn.**

# NOTE: For an extended field trip (outside of normal school hours), parents will supply the medication and directions for administering it for the full length of the trip.

**Please complete the following:**

Home Phone: Work Phone:

Physician’s Name and Phone:

Name and phone of two (2) relatives or friends to contact if parents cannot be reached in the event of an emergency:

Name: Name:

Phone: Phone:

This permission slip must be returned to the school at least days prior to the trip.

I agree to release, indemnify, and hold harmless Mesa County Valley School District 51, its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors, (the “District”), from and forever promise not to sue them on any and all claims, demands, rights, causes or action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District arising out of or in any manner relating to the student’s participation in the field trip, including but not limited to rendering of emergency medical procedures or treatment.

I acknowledge my student will be expected to abide by District and specific trip policies, rules, and regulations. I acknowledge if my student violates any of the District/school policies, rules, or regulations while participating in off-site visits, my student may not be allowed to attend additional off-site visits.

Signature of Parent/Guardian Date

(Nursing Services 5-07)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Field Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sack Lunch: Yes No 

Nutrition Services will provide sack lunches for field trips when students will be absent during serving time and this form has been submitted. Sack lunches comply with the same nutritional guidelines of the National School Lunch Program that apply to the traditional lunch served at school. Students’ meal accounts will be charged as with the traditional lunch and no additional payment is necessary.