

# PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF DAY FIELD TRIP

**IMPORTANT DIRECTIONS:** (1) Use one form per trip. (2) Complete the school portion (top half) of form (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

**TO BE COMPLETED BY THE SCHOOL**

Date(s) of Trip:	
Departure Time:	Return Time:
Purpose:	
<b>TRANSPORTATION DETAILS:</b>	
<b>FIELD TRIP TYPE:</b>	
Zoo/Amusement /Theme Park	Museums/Galleries
Other	
Items student should bring:	
Notes:	
Print Name(s) of Parent/Guardian:	
Parent/Guardian Work Phone:	Cell Phone: Home Phone:
Emergency Contact Person:	Phone #
Physician Name/Phone:	
Health Insurance Name/Phone:	Health Ins Policy Number (optional):
<b>STUDENT'S CRITICAL HEALTH NEEDS/ALLERGIES/HEALTH CONDITIONS:</b>	

### STUDENT AGREEMENT

**While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.**

\_\_\_\_\_  
 Student Name (please print) Student Signature Date

### PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees of the Center Public School District, acting as chaperones, for the days indicated above.
- I understand that I am signing and agree to a full and complete waiver and release of any and all liability that bars myself and my heirs and assigns (including any minor on whose behalf I have signed), agents and representatives, from any recovery from the Center Public School District (which term "district" being defined to include the district as a legal entity, board of education, board of education members, administrators, agents, representatives, officers, coaches, contractors, students and employees – whether in an official or individual capacity) for injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- In the event my child causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless the Center Public School Board, its agents and employees.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.
- I/We hereby grant permission to the attending physician and/or other medical care providers, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization and/or medical transportation.
- I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.
- I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

Home Telephone#      Work Telephone#      Pager / Cell Phone#      Emergency Telephone #

Parent/Guardian Name (Please Print)      Parent/Guardian Name (Signature)      Date      Home Address / City / Zip

**If unable to reach parent/guardian, please notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_