

Policies of the Board of Education

Series 300: Instruction

**OVERNIGHT AND EXTENDED TRIP - PARENTAL PERMISSION WAIVER**

352-Exhibit

1. If emergency medical attention is necessary, I agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician.

**INSURANCE GROUP AND SUBSCRIBER NUMBERS**

2. If your son/daughter has any medical disability, allergies, medication requirements, etc., please list them below. PLEASE BE COMPLETE AND SPECIFIC

3. My son/daughter does \_\_\_\_\_, does not \_\_\_\_\_ have my permission to swim on this trip.  
NOTE: Supervision of the pool area may not be provided.

4. I have read the financial arrangements, the itinerary, and guidelines for rules of conduct for this trip and to hereby give my consent for the student named to participate on this trip.

**GROUP TAKING TRIP**

**DATE(S) OF TRIP**

5. I, therefore, understand that I may be held financially responsible for any additional expense as a result of early termination or any infraction of the rules.

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

ADDRESS

(Street)

(City)

(State)

(Zip)

FIELD TRIP - STUDENT AGREEMENT

I have read and fully understand the rules and regulations for this trip. I agree to adhere to all of them. I understand that failure to abide by any of these rules could result in expulsion from the tour and the organization.

STUDENT'S SIGNATURE:

THIS FORM IS TO BE RETURNED TO THE INSTRUCTOR

Adopted: March 1994

Revised:

Waunakee Community School District