

WFPS Field Trip Authorization/Permission Form

I, the undersigned parent or legal guardian of _____ grant permission for my child or ward to travel to **(Place)** on **(Date and time)** as part of a school/classroom trip.

I understand, acknowledge and agree that:

West Fargo Public Schools will provide for reasonable supervision of students within its care and control.

While West Fargo Public Schools has taken appropriate action to ensure that this activity is conducted in reasonably safe conditions, there are certain risks inherent in travel and at the destination. West Fargo Public Schools does not carry coverage for student accident insurance. I understand that if my child should be injured, I will be responsible for medical expenses. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, or intentionally to injure my child.

- Please list any health concerns you feel we should be aware of:

If your child needs special medical supplies, i.e., an inhaler, diabetic equipment or an Epi-pen, **IT IS THE PARENT'S RESPONSIBILITY** to provide this equipment to the school if you have not already done so.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, I agree to assume all the risks and responsibilities surrounding my child's participation in the activity and transportation to and from the activity.

I understand and agree that West Fargo Public Schools may not have medical personnel available at the location of the activity. I understand and agree that West Fargo Public Schools is granted permission to authorize emergency medical treatment, if necessary. I understand and agree that West Fargo Public Schools assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

Signature of Parent or Legal Guardian

Date

Emergency Contact Number

Please return by (Date)

WFPS Curricular Field Trip Authorization/Permission Form

I, the undersigned parent or legal guardian of _____ grant
(Child's Name)

permission for my child or ward to travel to the below location(s), according to grade, as part of a school/classroom trip:

Grade	Location	Presentation	Approximate Date
Kindergarten:	Red River Zoo	Tour of Zoo	Spring 2019
First Grade:	MSUM Hansen Theater	Steel Drum Band	October 15 or 16, 2018
	MSUM Planetarium	Tour of Planetarium	January 2019
Second Grade:	Fargo South High	Ukraine Presentation	October 2, 2018
	West Fargo Public Library	Tour	May 2019
Third Grade:	Concordia Auditorium	Percussion	April 5, 2019
	West Fargo City	Bus Tour	October 2018
Fourth Grade:	NDSU Festival Hall	FM Symphony	April 16, 2019
	Bonanzaville Village	Bonanzaville Village	Late April/Early May, 2019
	RRV Fair Grounds	Living Ag	Early March, 2019
Fifth Grade:	Plains Art Museum	Tour of museum	November, 2018
	Moorhead High School	History of Jazz	January 17, 2019
	MSUM Planetarium	Solar System Program	September or October 2018

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Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, I agree to assume all the risks and responsibilities surrounding my child's participation in the activity and transportation to and from the activity.

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Signature of Parent or Legal Guardian

Date

Emergency Contact Number