

# Aberdeen School District 5

## PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

<b>General Information</b>	
The _____	
is planning a trip to _____	
The purpose of this trip is _____	
Trip Destination _____	Phone No.(_____) _____
Address _____	Place of Lodging _____
We will leave from _____ about (time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
on (date) _____ We will return to the school on (day) _____ (date) _____	
at about (time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Itinerary is attached <input type="checkbox"/> List of items needed is attached	
<b>Attending:</b> number of students _____	minimum number of adults/chaperones _____

<b>Type of Transportation</b>		
<input type="checkbox"/> District Vehicle	<input type="checkbox"/> Commercial Transportation	<input type="checkbox"/> District Bus
<input type="checkbox"/> Other (explain) _____		

<b>Medical Information</b>	
The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)	
_____	
_____	
The following medications, prescriptions or special diets are needed: _____	
_____	

<b>Medical Release</b>	
In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.	
Does your child have Medical Insurance coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	
It is recommended that all students have medical or student accident insurance.	
<input type="checkbox"/> Student accident insurance is available through _____ . Contact the school office for details.	
Name of Preferred Doctor _____	Phone No.(_____) _____
Name of Insurance Carrier _____	Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact \_\_\_\_\_.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity.

Parent/Guardian Name _____	Day Phone (_____) _____
Home Address _____	Evening Phone (_____) _____
Emergency Contact _____	Emergency Phone (_____) _____
Signature of Parent/Guardian _____	Date _____

***Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.***