



FIELD TRIP PERMISSION ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY

I, _____ (parent/guardian), agree to allow my son or daughter, _____ (student's name), to attend the following field trip or out-of-school activity: _____ Destination, detailed description of activity and educational purpose: _____

Date of field trip/activity: _____ Time of departure: _____ Time of return: _____ Group/Class/School Club: _____ Sponsor of field trip/activity: _____ Transportation being provided (check all that apply): [] School bus [] Commercial/Charter bus [] Public transportation [] Personal vehicle [] Leased vehicle [] None (provide your own or none needed) Drivers of private or leased vehicles (check all that apply): [] Teacher or staff member [] Parent [] Student [] Other adult Health services: Will your child require the administration of any medication or medical procedure while on the field trip? [] Yes [] No If yes, please indicate the medication(s) and/or procedure(s) with times for administration: _____

Medication/Procedure: _____ Time: _____

Student Agreement While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times. Student's signature: _____ Date: _____ This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with student injury.

Parent/Guardian's signature: _____ Date: _____ Daytime phone number: _____ Emergency contact name: _____ Phone number: _____