



Lakewood School District #306
Permission for Participation in Field Trip Activity
Assumption of Risk Form

Student Name: _____ Teacher/Homeroom: _____

FORM DUE TO TEACHER NO LATER THAN: Day: _____ Date: _____

SECTION TO BE COMPLETED BY TEACHER/STAFF

Date(s) of Trip: _____ Destination: _____

Activity/Purpose of Trip: _____

Time of Departure: _____ Time of Return: _____

Transportation via: School District Bus Other: _____

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____ Date of Birth: ____ / ____ / ____

Parent / Guardian Name (printed): _____

Health Information (check all that apply):

My child has no known health concerns

My child currently has a health care plan / emergency plan on file in the School Health Room for:

My child has medication at school:

Medication taken every day at school

Medication taken only as needed for symptoms / emergency

• All medication needed during the field trip must have current signed orders from a licensed medical professional on file in the School Health Room. Teaching staff will be trained by the District Nurse to give medications during the field trip.

• ***Students who have permission to self-carry their medication(s) (per Board Policy #3419) will need to have their medication(s) with them for the field trip. They will be required to check in with the School Health Room / Office prior to loading the bus. If they do not have their medications with them, they will not be allowed to participate in the field trip.***

I plan to attend the field trip as a chaperone and will carry and administer my child's medication(s)

List any additional medical / health information staff should be aware of for this field trip:

Medical Release

In the event of injury or serious illness, I authorize qualified emergency medical professionals to administer emergency care to the above names student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff - in - charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Although I understand that the school district will make a responsible effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release, hold harmless and indemnify the school district, its employees, agents, or volunteers from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Being fully aware of the risks, I hereby give consent for (student) _____
to participate in the activity.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

Best number to reach parent during times of field trip: _____

Alternate contact if parent/guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____