



Cheney Public Schools PARENT/GUARDIAN PERMISSION CONSENT FORM FOR *AIRLINE* TRAVEL TRIPS

Dear Parents/Guardians: The lower section of this form must be completed, signed and dated then returned to the school before your student will be permitted to take part in this trip by airline travel. Students must read the Student Section & Agreement then sign and date.

School Name:	Class/Group/Activity:	Staff Name Responsible for Trip:	
Airline Company:	Departure Date:	Departure Flight #:	Student Arrival Time (Departure):
Destination:	Return Date:	Return Flight #:	Total # of Days:
Purpose(s):		Itinerary and List of Activities:	
Housing Information:	Meal Information:	Supervision: <input checked="" type="checkbox"/> Students will be directly supervised by adult chaperones on This trip at all times.	

STUDENT SECTION & AGREEMENT - While on this trip, at the airport or on the flight, I understand I will be a representative of Cheney Public Schools, my family, my community and myself. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by all school-based rules.

Student Signature

Date

PARENT/GUARDIAN SECTION & AGREEMENT - I give my permission for my child, _____ (student name), to participate in the above-described field trip by airline travel on _____ (field trip dates) under conditions stated in this notice.

I understand my student will be required to exhibit courtesy and respect towards others at all times and that all school policies and rules, including schedules and curfew, will be strictly adhered to on the trip. For example: use or possession of tobacco/vapes, alcohol, or illegal substances are prohibited. Disciplinary action for misconduct may include, without limitation, restricting my student from the activity for which the trip is being taken; loss of credits; suspension; expulsion, etc.

I confirm my student has NO health concern/medication/emergency care plan OR has a health concern/medication/emergency care plan
Students' health concern is (include non-medicated health concerns): _____

Will your child require the administration of any medication or medical procedure while on the field trip? Yes No If yes,
 I request that the staff member in charge use the medications as prescribed OR I will bring the medication to school in the original pharmacy container
 currently that are stored in school health room. All medications and health care forms are to be returned to the health room upon return to school. OR labeled with my child's name, medication, dosage, and directions to the school nurse at least 72 hours prior to the field trip.

Students Physician & Phone Number: _____ Preferred Hospital: _____

I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of an emergency. In the event of a medical emergency, I hereby authorize the staff member in charge attending to my student on the trip to secure medical attention or hospitalization for my child.

I understand my student's participation in this trip is entirely voluntary and elective and is not a requirement of my student's basic education or attainment of any academic grade or standing. I also understand Cheney School District does not provide medical insurance for my student for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my student that are not covered by my insurance. I further understand this trip requires transportation by aircraft and that such transportation necessarily includes risks of personal or bodily injury, death, or property loss or damage by arising from adverse weather conditions and/or the negligent maintenance, condition, or operation of the aircraft by the independent commercial airline that will be contract to furnish the transportation. I acknowledge that Cheney School District has no control or right of control to eliminate or minimize risks, that Cheney School District does not maintain any insurance protecting against such risks, and that I and my student therefore expressly assume all such risks.

I confirm the parent/guardian and emergency contact information in Skyward is accurate and acknowledge that this information will be printed and on file with the staff member in charge and chaperones during the field trip for contacts.

I, _____ (parent/guardian printed name) certify that I am the parent/guardian of the student named above and that I have read, understand, have completed all parent/guardian sections, and agree to the above trip and agreements.

Parent/Guardian Signature

Date