

Rogue River School District 35

Code: **IICA-AR(3)**
Revised/Reviewed: 3/13/08; 3/20/18
INTERNAL USE ONLY
Orig. Code(s): IIC/IICA-AR-2

Field Trip Parental Consent Form

(Informed Consent Form – District Curricular/Cocurricular/Interscholastic Activities)

Student Name: _____ Date: _____

The: _____

planning a field experience to: _____

The purpose of this trip is: _____

Trip destination: _____ Phone No.: _____

Address: _____

We will leave from _____ at about _____ (time) ☐ AM ☐ PM
on _____ (date).

We will return to the school on _____ (date) at about _____ (time) ☐ AM ☐ PM. ☐

Itinerary is attached ☐ List of items needed is attached ☐

Type of Transportation

☐ District Vehicle ☐ Parent Transportation ☐ District Bus

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as usually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed:

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed.

Name of Preferred Doctor: _____ Phone: _____

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.

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. I understand that during this experience my student will be under the supervision of school district employee(s) as well as chaperones.

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

Parent Name: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Emergency No.: _____

Signature of Parent/Guardian: _____ Date: _____

Please return this form to school before _____ (date) and keep any attachment for your information.

Cost & Payment

The cost for this field trip is \$_____ per student.

Please send **cash or check** (payable to: _____) by _____.

Please check one:

- ☐ My payment of \$_____ is enclosed.
 - ☐ This creates a financial hardship for our family. We request a **scholarship**.
 - ☐ I would like to donate \$_____ to help cover costs for another student in need.
-
-

Chaperone Interest

☐ I am available to be a chaperone for this field trip and have completed the district's volunteer approval process.

Name: _____ Phone: _____

Email: _____

Please return this form with payment (if applicable) by: _____