WFPS Field Trip Authorization/Permission Form

I, the undersigned parent or legal guardian of _____grant permission

for my child or ward to travel to **(Place)** on **(Date and time)** as part of a school/classroom trip.

I understand, acknowledge and agree that:
West Fargo Public Schools will provide for reasonable supervision of students within its care and control.

While West Fargo Public Schools has taken appropriate action to ensure that this activity is conducted in reasonably safe conditions, there are certain risks inherent in travel and at the destination. West Fargo Public Schools does not carry coverage for student accident insurance. I understand that if my child should be injured, I will be responsible for medical expenses. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, or intentionally to injure my child.

- Please list any health concerns you feel we should be aware of:

_____

If your child needs special medical supplies, i.e., an inhaler, diabetic equipment or an Epi-pen, **IT IS THE PARENT'S RESPONSIBILITY** to provide this equipment to the school if you have not already done so.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, I agree to assume all the risks and responsibilities surrounding my child's participation in the activity and transportation to and from the activity.

I understand and agree that West Fargo Public Schools may not have medical personnel available at the location of the activity. I understand and agree that West Fargo Public Schools is granted permission to authorize emergency medical treatment, if necessary. I understand and agree that West Fargo Public Schools assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

_____ _____

Signature of Parent or Legal Guardian Date

_____

Emergency Contact Number

Please return by **(Date)**