Field Trip
Parental/Guardian Consent and Liability Form

Directions: Please fill this form out in its entirety.

Participant/Child's Name: _____ Birthdate:_____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone:_____ Work Phone: _____
E-mail: _____

I, (Parent/Guardian) _____, grant permission for my child (Child's Name), _____, to participate in this field trip/event that requires transportation. This activity will take place under the guidance and direction of employees from **Steelton-Highspire School District.**

A brief description of the activity is as follows:
Type of event/activity: _____
Location of event/activity: _____
Individuals in charge: _____
Date & Time of Departure: _____ Return: _____
Mode of transportation to & from the event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heroes, successors, and assigns, to hold harmless and defend the Organizer its officers, directors, and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors, and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ **Date:** 5/1/2026

Building Principal: STEVEN C. SHULESKI

Parent/Guardian Signature: _____ **Date:** _____

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***As per administrative requirements, ANY student who attends a field trip is still expected to adhere to any and all school rules and expectations. Thus, ANY student that fails to report back by the scheduled time of departure will face the consequences below. ANY student who engages in any activities/behaviors/actions that are inappropriate, unsafe, or violate any SCHOOL RULES will be subject to the following disciplinary actions:**

- **Unable to attend prom**
- **Unable to attend Graduation ceremony**

I, _____, agree to the aforementioned stipulations and affirm that, if my student engages in any unsafe/inappropriate/violent behavior, etc., I will be responsible for financial consequences, for picking them up/transporting them back home, and they will be unable to attend/participate in all of the remaining senior activities.

Signature: _____ Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for and the health of my child. **Initial HERE: _____**

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____ Relationship to child:
Phone Number: _____
Family Doctor: _____ Phone Number:
Family Health Plan Carrier: _____ Policy #:

Specific Medical Information:

(The Organizer will take reasonable care to see that the following information will be held in confidence).

Allergic reactions (medications, food, plants, insects, etc): _____
Immunizations(Date of last tetanus/diptheria immunization: _____
Does your child have a medically prescribed diet? _____
Does your child have any physical limitations? _____
Has your child recently been exposed to any contagious disease or conditions? _____

****You should be aware of these medical conditions (PLEASE LIST BELOW):**