

VVSD Permission Slip template

Date of Field Trip:

Purpose:

Cost:

Time:

Student Name

Student ID#

Student Grade Level

Student Class

Parent Name: *

Phone Number: *

Emergency Contact: *

Relationship to Student: *

Emergency Contact Phone: *

Lunch *

- ☐ My student would like a sack lunch prepared from the school kitchen.
- ☐ My student will bring a sack lunch from home.

I am interested and available to chaperone the field trip. *

- ☐ Yes. I understand that the teacher will contact me if I am selected as a chaperone.
- ☐ No. Thank you.

As the parent/guardian of the above named student I am authorized to and do hereby give my permission for the Student to attend the above mentioned Field Trip. I acknowledge that the activities conducted as part of the Field Trip are an extension of the school education program and therefore requires students to behave in accordance with Board policy and the District/School's student conduct expectations. This includes adhering to all District Health and Safety protocols. Failure to adhere to student conduct expectations may lead the school to take appropriate disciplinary actions.

In the event of an emergency, I consent to allowing qualified medical professionals to examine and, in the event of a severe injury or illness, administer emergency care to the student. I acknowledge that if emergency care is required, I will be financially responsible for any costs incurred due to accident, injury, illness or unforeseen event. I understand that the district will make best efforts to contact me to inform me of the emergency prior to the administration of emergency medical care.

By signing below, I agree to hold the District, its governing Board and the individuals members therefor, and all District officers, agents and employees free and harmless from any and all loss, damage liability, or expense that may arise out of, or in any way to be connected with, occurring during or by reason of this field trip.

- ☐ I give my permission for my child to participate in the above mentioned activity.
- ☐ I deny permission for my child to participate in the above mentioned activity.

Parent/ Guardian Name

Parent/ Guardian Email

Parent/ Guardian Phone

Information entered on this form will be visible to the post collaborators and ParentSquare admins

Signature

Date