

Columbia School District No. 93
Permission and Release Form - Field Trips

As part of the Columbia Public School's educational program the district provides educational opportunities outside the regular school campus ("field trips"). Sometimes students are transported to other CPS buildings or school properties for these educational experiences, including but not limited to the CPS Nature School or to a middle school or high school where the student will be transitioning to, or to an auditorium for a concert. Sometimes students are transported to non-school locations, including but not limited to a zoo, a museum, or a musical venue. The district will communicate to parents by email, newsletter, paper copies sent home with students, or text, information about the excursion and the date and times of these excursions. **If you do not want your student to participate, please notify the teacher or principal in writing prior to the date of the field trip.** By signing this form, you agree to the following:

- I approve of the student named in this document to attend district field trips, unless I notify my student's teacher or principal in writing prior to the date of the field trip. I realize that violation of any rules can result in the immediate return of the student, at my expense. It is my responsibility to meet the student at the airport, bus terminal, etc., should it be necessary to send the student home from an out-of-town field trip.
- I authorize CPS staff, contractors, volunteers or other medical personnel, when they deem necessary using their judgment and sole discretion, if parent/guardian cannot be reached, to obtain or provide medical care for my student, to transport my student to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) considered necessary for my student's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by CPS) of any medical records necessary for treatment, referral, billing or insurance purposes.
- My student and I assume any risk that may arise from my student's transportation to, participation in and transportation from the above-described trip. I accept full responsibility for any and all medical expenses for any injuries or illness that occur to my student as a result of my student's transportation to, participation in, and transportation from the above-described trip.
- I confirm that I have carefully read this document and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the student identified in this Form. I understand that I have the ability to refuse to sign this form. If I do not sign this form, my student will not be able to attend a field trip unless the district obtains separate consent from me for each excursion.

I hereby give my student, _____, (name) _____, (student number/lunch number) permission to participate in field trips. I will notify my student's teacher in writing prior to the date of the field trip if my student cannot attend. If the teacher is not notified, my student has permission to attend the field trip.

(PARENT/GUARDIAN PRINTED NAME)

(PARENT/GUARDIAN SIGNATURE)

(DATE)

Medical insurance is **recommended but not required**. The following information, if disclosed to the district, will be provided in an emergency when necessary to obtain medical assistance for your student.

Medical Insurance Company Name _____

Phone (_____) _____ Policy Number _____

Student's Physician _____ Phone (_____) _____