

FIELD TRIP – STUDENT PERMISSION TO PARTICIPATE/ASSUMPTION OF RISK FORM

Informed Consent Form – District Curricular/Co-curricular/Interscholastic Activities

Please return this form to school before _____ and keep any attachments for your information.
Date

The _____ is going on a field trip to _____.
School/Grade Level/Club/Sport Name/Location/City

The purpose of this trip: _____ Staff in charge: _____

We will leave from the school on Date: _____ Time: _____ ()AM ()PM

We will return to the school on Date: _____ Time: _____ ()AM ()PM
[]Itinerary attached []List of items needed attached

Type of Transportation: [] District Vehicle [] District Bus [] Parent Transportation

Being fully aware of the risks, I hereby give my consent for _____
to attend this field trip and participate in this activity. **Student Name**

As a parent/guardian of a student requesting to voluntarily participate in this field trip, I hereby acknowledge that I have read, understood, and agreed to the following:

- I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
- I certify that my child does not have any medical or physical condition not already addressed in their Emergency Care Plan that could interfere with his/her safety in this activity.
- I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
- In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither they nor the district assumes financial liability for expenses incurred because of any accident, injury, illness, and/or unforeseen circumstances.

Student’s Medical Conditions, Medication Information, or Allergies that District staff should be made aware of:

Name of Preferred Doctor: _____ Doctor Phone: _____

Student’s Home Address: _____ Student’s Birthdate: _____

In an emergency, Best Phone Number to reach parent/guardian during field trip: _____

In case parent cannot be reached, Contact Name/Relationship: _____ Phone: _____

I give permission for my student to attend field trip. I do not want my student to attend this field trip.

PRINTED NAME of Parent/Guardian

SIGNATURE of Parent/Guardian

DATE