

Parent/Guardian Informed Consent for Field Trip

Student Name _____ DOB _____

School _____ Date _____

Trip Information

Class(es) _____

Destination _____

Address _____ Phone _____

Purpose/Activity _____

Trip Leader _____ Phone _____

Date of Departure _____ Time _____ AM PM

Date of Return _____ Time _____ AM PM

Itinerary is attached

List of items needed is attached

Number of students attending _____

Number of adults/chaperones attending _____

Type of Transportation

District vehicle/bus

Commercial transportation/charter

Private car

Medical Information

The following special health problems should be noted and adequate precautions taken:

Specify

Yes No Insect/bee stings allergies _____

Yes No Drug allergies _____

Yes No Other severe allergies _____

Yes No Hemophilia _____

Yes No Diabetes _____

Yes No Heart disease _____

If yes to any of the above, the following medications, prescriptions, special diets, and medical protocols are needed: _____

Is the student taking any medication (including nonprescription drugs; i.e. Aspirin) Yes No

If yes, specify _____

Date of last Tetanus shot _____

Does your child have medical insurance coverage? Yes No

Name of preferred doctor/hospital _____ Phone _____

Name of insurance carrier _____ Policy # _____

It is recommended that all students have medical or student accident insurance. Please contact your school office for more information.

Sign on reverse side

Please read carefully before signing

It is the priority of the North Clackamas School District to provide educational experiences in which the District can assure the student and parent/guardian a reasonably safe environment. In traveling off District property, parents must first acknowledge potential risks that might be encountered, and approve their student's participation.

1. The District's representation and that of its representative(s) is that a quality educational experience will be pursued.
2. The same rules that are in effect during school hours are in effect for the trip. The student is to abide by the instructions of the authorized trip leader.
3. Parent/guardian must inform themselves of the level of supervision that will be on the trip, the details of the trip, and then judge for themselves, considering the behavior patterns of their student and their student's maturity, whether their student has the maturity and ability to accept direction and function responsibly and safely as a trip member in the unfamiliar situation.
4. Participants must exercise the appropriate level of maturity and self-discipline for their age and extend the effort necessary to protect their individual safety and benefit from the experience. Each participant is urged to be continually on guard for the safety of others in the group and circumstances that impair that safety.
5. The dangers that are present in this trip are those commonly experienced by and known to all persons traveling with young people within the United States. The District cannot and does not claim to control such dangers. Parents wishing more information regarding the trip and its leadership should contact the trip leader.
6. The District and trip leadership will not make any judgments regarding the safety of non-District public transportation (common carriers) used, traffic hazard situations, unlawful behavior of strangers and other dangers to be found in the surroundings and cannot be expected to control student behavior that is contrary to the directions given to the party or individuals in the party.

As a parent(s) or legal guardian(s) of _____, or as an emancipated student traveling with the group, I/we, the undersigned, hereby release and agree to defend and hold harmless the North Clackamas School District #12, its officers, agents, employees, including trip leadership, and their assigns from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including, but not limited to, the student or other students having failed to properly carry out instructions from the trip leadership, but excepting those which occur because the trip leadership negligently failed to take reasonable steps available to it to protect the student from an immediate substantial hazard actually known to the trip leadership. My student's medication information is complete and accurate on the front of this form, and I hereby give the North Clackamas School District (or its representative designee) authority to seek emergency medical treatment for my child. I understand that parent/guardian will be responsible for any expenses incurred.

Parent/Guardian Name _____ Day Phone _____
Home Address _____ Evening Phone _____
Other Emergency Contact _____ Phone _____
Home Address _____

Signature of Parent or Guardian Date

Parent/Guardian signature reflects their knowledge and approval of the activity.

This form must be returned to school before the student is involved in the activity; phone permission is not acceptable.