

**Parent/Guardian Informed Consent for School Trip**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL INFORMATION**

The \_\_\_\_\_ is planning a trip to \_\_\_\_\_

Purpose of trip \_\_\_\_\_

We will leave from \_\_\_\_\_ at \_\_\_\_\_  AM  PM on

(date) \_\_\_\_\_. We will return to the school on (day) \_\_\_\_\_ (date) \_\_\_\_\_

at \_\_\_\_\_  AM  PM  Itinerary is attached  List of items needed is attached. Cost per Student \_\_\_\_\_**INHERENT RISKS**

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. There are certain inherent risks including:

**TYPE OF TRANSPORTATION** District Vehicle  Commercial Transportation  District Bus  Other (explain) \_\_\_\_\_**MEDICAL INFORMATION**

Medical Conditions, medication information or allergies the District should be made aware of: \_\_\_\_\_

*If your student requires medication on a field trip, a current Medication Authorization Form signed by an MD/health care provider must be provided. These are available at the school main office. See Medication at School – 3416Policy and Procedures*

**MEDICAL RELEASE**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. I/we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Parent/Guardian Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I acknowledge that this activity entails known and unanticipated risks which could result in physical and/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.

Being fully aware of the risks, I hereby give consent for: (student) \_\_\_\_\_ to participate in the above activity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Parent/guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.***