



INFORMED CONSENT/PERMISSION TO PARTICIPATE

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

I hereby give my permission for _____, who attends _____ (Student's Name) to participate in a field trip on _____ for the purpose of _____ (School) _____ (Date) _____ (Activity).

Transportation for this activity will be provided by:

- District bus/vehicle
- Private vehicle: _____ Staff/volunteer/parents transporting students (Approval for Use of Private Vehicle Form must be completed and approved by building administrator)
- District not providing transportation. Parents make own transportation arrangements
- Other (e.g. - walk, metro bus)

Student's Address: _____ City _____

Student's Home Phone: _____ Date of Birth: _____

Family Physician: _____ Phone #: _____

Medical conditions, medication information or allergies district should be made aware of:

_____ My student will bring "over the counter" or prescription medication on this field trip, **other** than what the student normally takes during the school day. **All medication must be labeled in the original container** with the student's name on it. Any medication not authorized by your physician cannot and will not be administered.

_____ I have completed the Field Trip Medication Authorization form and had it reviewed, signed, and returned by the prescribing physician.

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name _____ Phone # _____

I acknowledge that this activity entails known and unanticipated risks, which could result in injury or death, as well as damage to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity (other than noted above).

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 treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances

_____ Signature of parent/guardian	_____ Date	_____ Work Phone	_____ Home Phone
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EXTENDED TRIP INFORMATION

I have read the attached itinerary (detailing dates, places of lodging, activities, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am aware of the special dangers and risks inherent in participating in activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks I hereby consent to my child participating in the activities.

Signature of parent/guardian _____
Date