

**STUDENT FIELD TRIP PERMISSION, AUTHORIZATION FOR
EMERGENCY CARE AND LIABILITY RELEASE FORM**
_____ **School District**

Your child's class is participating in an educational field trip to _____ on _____, 20___. It is the policy of the School District to require parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate, please carefully read and sign this document.

I/We hereby give permission for my child, _____, to go with his/her class on a field trip as described above.

As a parent or guardian, I/We understand that the school and the staff will try to prevent accidents. However, I/We fully understand that some activities on trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in the referenced trip, I/We agree to accept responsibility and release the School District from any and all liability for any loss, damage, or injury to my child that occurs during my child's participation in this trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee, or agent of the School District.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my child. 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 district staff in charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

I/We have been informed the class will leave on _____ at about _____ from the School and will return at approximately _____.

Transportation for this activity will be provided by:

_____ District bus/vehicle

_____ Other (specify) _____

Food will be provided at/by: _____

Parent(s) or Guardian(s): _____
(Please Print)

Address: _____

Phone Number: _____

Emergency contact information (if different than the above-listed phone number: _____

Does your child have a medical condition which the school should be aware of before allowing your child to participate on a field trip? Yes _____ No _____. If yes, please state the nature of the medical condition: _____.

****In the event that an unforeseen circumstance arises creating a need for you to contact your child or a circumstance where information would need to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. The School District contact person is _____ and his/her phone number is _____.**

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Parent/Guardian