



**FIELD TRIP PERMISSION TO PARTICIPATE
 (Day and Overnight Trips)**

Student Name: _____ Grade: _____ Birthdate: _____ Gender: M F

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____ Home Telephone(s): _____

Cell Phone (s): _____ Work Telephone(s): _____

Name of person to call in case of an emergency when the parent/guardian is not available:

Emergency Contact: _____ Telephone: _____

Family Doctor: _____ Telephone: _____

My child has a diagnosed medical or physical condition which could put his/her safety at risk during this trip: If yes , the parent must contact the organizer of the field trip regarding specific needs.	Yes	No
An existing medical 504 or Health Care Plan for my child is already on file with the school: If yes , the school nurse will attach the existing 504 or Health Care Plan to this form.	Yes	No

To Be Completed By The Teacher	Transportation for this activity will be provided by:
Date(s) of Activity: _____ Departure Time: _____ Return Time: _____	<input type="checkbox"/> District Vehicle by District Staff <input type="checkbox"/> Private Vehicle by District Staff <input type="checkbox"/> Volunteer / Parents Transporting Students in Private Vehicle (completed volunteer driver checklist on file) <input type="checkbox"/> No Transportation Provided: Parents Provide Own Transportation <input type="checkbox"/> Other (walk, metro bus, etc.) Description: _____
Teacher's Name: _____	
Teacher's Email: _____	
Description of the Activity and Itinerary: _____	
<p>* For overnight trips—Attached is a detailed itinerary, supervision plan, and room assignment. Chaperones must be approved by HR.</p>	

Health Information

Medical conditions, medication information or allergies: _____

If your student is under the age of 18 and needs medication for this field trip, please contact the building School Nurse.

Does your child take any medications? NO YES (if yes, parent/guardian must complete the rest of this section)

Student Medication(s): _____

Purpose: _____

Side Effects: _____

Time of Day Administered: _____

High School Only (Must Be 18 Years Old)

Does student need assistance and monitoring of medications by staff? NO YES

Unless "Yes" is indicated above, student will be responsible for administering and monitoring the safety of their medication. Both student and parent understand that medication is for the student's own use. Medication should only be brought if absolutely necessary and only the amount needed for the trip. Any medication must be furnished by the parent/guardian in the original container labeled by a pharmacy or physician with the name of the medication, the amount taken, and the time of day to be taken. The physician's name must be on the label.

I request that _____ be able to self-administer the medication described above for duration of this trip.

My signature indicates that the school accepts no responsibility for untoward reactions when the medication is administered in accordance with the physician's directions. This authorization is only valid for this field trip. In case of necessity the school district may discontinue administration of the medication with proper notice.

Signature of Parent or Guardian: _____

Signature of Student Indicating Understanding of the Above Conditions and Guidelines for Medication: _____

To Be Completed by All Parents Guardians

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 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 s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these 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.

Parent /Guardian Signature: _____ Date: _____