I (We) hereby grant permission for ___________________________ to participate

Student Name

in a field trip/activity to ___________________________ on ____________ on ___________________________ Date

and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

___ Walking  ___ School Bus  ___ Commercial Carrier Bus  ___ Rental Vehicle (Auto, Mini Van)

___ Private Passenger Vehicle with ___ District Employee Driver  ___ Volunteer Driver  ___ Student Driver*

Time of Departure (Approximate) ________________  Time of Return (Approximate) ________________

1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.

2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.

3) I have documented below all precautions/instructions regarding my child’s medication. I have noted any special health-related conditions or allergies regarding my child.

______________________________________________

______________________________________________

4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child’s luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the Field Trip is to a District or non-District site where students will have the opportunity to touch and hold animals, please complete the following:

Your child will have the opportunity to touch and hold captive animals during this field trip. Please check one space below to indicate your approval or denial

___ YES, my child may touch and hold the animals.  ___ NO, my child may NOT touch and hold the animals.

* From time to time students may be allowed to drive other students to and from field trips or activities on a case-by-case basis, and only with administrative approval.

___ I agree  /  ___ I do not agree  (check one) to allow my child to ride with another student.

Signature of Parent/Guardian ___________________________  Phone (Home) ___________________________  Phone (Work) ___________________________  Phone (Cell) ___________________________

Alternate Emergency Contact ___________________________  Phone (Home) ___________________________  Phone (Work) ___________________________  Phone (Cell) ___________________________

______________________________________________

Date ___________________________