

School Name

This form must be completed and returned to school before your child can participate in this field trip.
Please Note: Field trips are non-refundable.

Day & Date of trip:

Teacher

Transportation for this activity will be provided by: ☐ District Bus ☐ District Vehicle ☐ Walking ☐ Other

Field trip destination and itinerary:

☐ Itinerary and/or additional information and instructions attached.

The field trip will leave the school at and will return to school at

The cost of the field trip is

Cost for chaperone is:

If this a financial hardship for you at this time, please talk to your child's teacher. If you would like to make a donation to assist other students with financial hardships, you may include your donation with your child's field trip cost.

Please make check payable to the school. Checks must be pre-printed and include phone number.

Special notes for this field trip:

I hereby give my permission for to participate in a field trip on

for the purpose of

Student's address Birth date

Parent/Guardian contact information Primary phone Cell Email

Emergency contact Phone

Family Physician Phone

☐ No health concerns or medications ☐ Yes, my child has medication that will need to be taken on the field trip. It is available in the Healthroom, with the appropriate paperwork, from the school nurse. (Please list below)

Health concerns:

Please Note: Not all parents who are available to chaperone may be able to attend, due to capacity. Your child's teacher will contact you if you indicated an interest and space is available. **Siblings may NOT accompany chaperones on the field trip.**

Are you available to chaperone? ☐ Yes, I can chaperone ☐ No, I am not able to chaperone at this time

Chaperone name Chaperone phone

Email address

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 certify that all health conditions are up to date and accurate for my student at school.

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 Name

Parent/Guardian Signature _____ Date

My child will: ☐ Bring a lunch. ☐ Purchase a school sack lunch, as indicated below.

☐ Other

If you are purchasing a school sack lunch, please indicate type of payment and choice of lunch. A sack lunch will consist of a sunbutter and jelly sandwich, a fruit, vegetable, and milk.

☐ Payment with meal account ☐ Payment with enclosed cash or a seperate check
(Total is for current school lunch prices)

School Use Only

☐ Chaperone has a completed safe visitor approval

Safe visitor approvals must be completed a minimum of five (5) business days prior to event.