



HIGH RISK FIELD TRIP ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE
(Camp, Pools, Wild Waves)

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 vehicle by district staff
- Private vehicle: _____ by district staff
- _____ Volunteer/parents transporting students (completed volunteer driver checklist on file)
- District not providing transportation. Parents make own transportation arrangements
- Other (e.g. - walk, metro bus) Description: _____

Lunch (if applicable):

- I will provide a lunch for my child.
- I would like the school to provide a sack lunch for my child.

Student's address: _____ City _____

Student's home phone # _____ Parents Work # _____ Child's Date of birth: _____

My child has medical insurance _____ Yes _____ No

Family Physician _____ Phone #: _____

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

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

_____ Phone #: _____

_____ Phone #: _____

All information is considered confidential. It is extremely important you provide **ALL medical** information that may impact the care for your student in an emergency.

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 my child has no physical conditions, which could interfere with his/her safety in this 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.

(Signature of parent/guardian)

(Date)

(Work phone)

(Home phone)

List of Field Trip Activities

List potential dangers for the activity(s):

TRIP INFORMATION

I have read the itinerary (detailing activities, events, date(s), places of lodging, 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.

(Signature of parent/guardian)

(Date)