

# PERMISSION TO PARTICIPATE IN AN EDUCATIONAL FIELD TRIP EXPERIENCE

Student's Name  Grade

Student's Date of Birth

Name of Event

Location and Address of Trip

Activities Involved

Purpose of Trip

Chaperones

Mode of Transportation

Time for Departure  Time for Arrival  Date

Requirements of Trip

Doctor's Name  Doctor's Phone

Phone Numbers Where Parent(s) Can Be Reached

**Medical Emergency:** If any emergency medical procedures or treatments are required during the trip, I consent, \_\_\_\_\_ (please initial); I do not consent, \_\_\_\_\_ (please initial), to have the trip's designated school representative, arranging for or consenting to the procedures of treatment in his/her discretion.

OR

I have not given my consent to have medical emergency treatment administered to my child on this educational field trip. I want to be contacted if such treatment is needed. At that time I will give instructions on how I want my child to receive medical treatment. \_\_\_\_\_ (please initial)

OR

I want my personal physician to be contacted in case of an emergency, and I want his/her advice followed. \_\_\_\_\_ (please initial)

I understand my child is REQUIRED to follow the directives of the chaperones exactly as given and that the school rules must be followed as outlined in the Student Handbook throughout the trip.

**INDEMNIFICATION:** I release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Trustees, the individual members, agents, employees and representatives thereof, including trip chaperones, from and against, any claim that I, any other parent or guardian, any sibling, my child, out of, during, or concerning my child's participation in the trip or the rendering of emergency, medical procedures, or treatment, if any.

**Informed Consent:** I knowingly and willingly give my informed consent for my child to participate in this educational field trip and specifically consent to his/her participation in all of the above described activities. \_\_\_\_\_ (please initial)

OR

I do not give permission for my child to participate in all on the herein-described activities. I do not want my child involved in the following activities:

\_\_\_\_\_  
Parental/Guardian (Tutor/Tutrix) Signature

\_\_\_\_\_  
Date

You need to initial one blank in each box and sign at the bottom.