

# PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

## General Information

The \_\_\_\_\_  
is planning a trip to \_\_\_\_\_  
The purpose of this trip is \_\_\_\_\_  
Trip Destination \_\_\_\_\_ Phone No.(\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Place of Lodging \_\_\_\_\_  
We will leave from \_\_\_\_\_ about (time) \_\_\_\_\_  AM  PM  
on (date) \_\_\_\_\_ We will return to the school on (day) \_\_\_\_\_ (date) \_\_\_\_\_  
at about (time) \_\_\_\_\_  AM  PM  Itinerary is attached  List of items needed is attached  
**Attending:** number of students \_\_\_\_\_ minimum number of adults/chaperones \_\_\_\_\_

## Type of Transportation

District Vehicle  Commercial Transportation  District Bus  
 Other (explain) \_\_\_\_\_

## Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

\_\_\_\_\_  
\_\_\_\_\_

The following medications, prescriptions or special diets are needed: \_\_\_\_\_

## Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Does your child have Medical Insurance coverage?  yes  no

It is recommended that all students have medical or student accident insurance.

Student accident insurance is available through \_\_\_\_\_. Contact the school office for details.

Name of Preferred Doctor \_\_\_\_\_ Phone No.(\_\_\_\_\_) \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact \_\_\_\_\_.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity.

Parent/Guardian Name \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.***