

STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

Please Return This Completed Form by: _____

Name of School: _____ Activity Date: _____

The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. Students who do not participate in field trips will be provided with supervised study.

Purpose: _____

Departure Time: _____ Return Time: _____

Destination(s): _____

Travel Arrangements: _____ Cost to student: _____

Students will need to bring: _____

Sponsor Teacher(s): _____

Supervision Provided by: _____

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

B. Driscoll

Principal signature

Sponsor Teacher(s) signature(s)

I give _____ (full name of student) permission to participate in the field trip to _____ on _____ (mm/dd/yy). I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Student's Care Card Number: _____

Medical Information (please include any medical or health concerns):

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

_____/_____/_____
Home Phone # Work Phone # Cell Phone #

Alternate (Local) Contact Name

_____/_____/_____
Home Phone # Work Phone # Cell Phone #