

FIELD TRIP
(Permission/Agreement Form)

Student's Name _____

Field Trip To _____

Date of Trip _____ Time Leaving _____ Expected Return _____

Cost of Trip _____ (Send Check or Money Order Back With This Form)

What to bring on the trip: _____

Parent/Guardian Permission

I, _____, give my permission for my child to participate in this field trip. In granting permission, I agree to assume full responsibility for any damage to person or property caused by my child or ward.

I further agree that if, in the opinion of the sponsors, my child or ward's discipline or health make it necessary to return him/her home, it shall be at my expense. In the event of an emergency, I reaffirm the consent given for providing emergency medical treatment as authorized by my signature on the District's Emergency Medical Treatment Consent Form, and will be responsible for the costs that are incurred.

I understand that in accordance with CCSD 89 policy, if medication is required on this trip, the District's School Medication Authorization Form (7:270-F2) must be completed, signed by the student's physician and the parent or legal guardian, and turned in to the school health office prior to the field trip.

It is further warranted that if this Parent Permission form is signed by one of the two parents or guardians, it is with the authority of the other.

 Signature of Parent/Guardian

 Date of Signature

 Emergency Phone Number

 Day-Time Phone Number(s)

 Emergency Name/Relationship to Student

Pupil Agreement

While participating on this field trip I will accept the responsibility for following the directions of supervisors at all times and following the student code of conduct.

 Signature of Student

 Date of Signature

6/07, 5/18/09, 11/14/11, 4/16/12, 11/17/14, 12/18/17, 7/20/2020