

Monte Vista School District

DISTRICT-SPONSORED FIELD TRIP PERMISSION FORM

Student: _____ Parent/Legal Guardian of Student: _____

Comments: _____
 "Day at the Capitol" Trip, Tuesday, February 16, 2016

Dear Parent/Legal Guardian:

Monte Vista School District ("District") encourages purposeful, well-organized and properly supervised field trips and travel experiences as an effective and worthwhile means of educating students. Because such field trips will take place away from your child's school, there are some special considerations and procedures that apply. We have outlined these below:

Your child's participation in District-sponsored field trips is voluntary. Your written consent and at the bottom of this form is necessary for your child to participate in District-sponsored field trips.

Participation in field trip activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip activity and of any potential risks that will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of the potential risks associated with such field trip activity and that you voluntarily and knowingly assume these risks.

Monte Vista School District ("District") does not have any medical/dental/hospitalization insurance covering students for injuries incurred at school or while on field trip activities. If you have not already done so, you should investigate and must obtain medical insurance coverage for your child. **If your child is participating in an overnight field trip, a photocopy of your insurance policy information must be provided to the District prior to the date of the field trip.**

If your child fails to abide by District rules of conduct and/or teacher/chaperone instructions during a District-sponsored field trip, it may become necessary to discontinue his/her participation in the trip. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend District-sponsored field trips. I hereby release and hold harmless the District, its board members, officers, agents, employees, teachers and authorized volunteers from any all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in District-sponsored field trips.

Parent/Legal Guardian Signature: _____ Date: _____

MEDICAL/EMERGENCY CONSENT

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and/or surgical treatment by a qualified emergency medical technician(s), nurse(s), physician(s) and/or surgeon(s) should my child require such care as deemed necessary by the District, its agents, servants or employees while on District-sponsored field trips. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to the District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

As long as the medical and/or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here: _____

Parent/Legal Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS FOR DISTRICT-SPONSORED FIELD TRIPS

Mother/Legal Guardian: _____ Work #: _____ Home #: _____

Father/Legal Guardian: _____ Work #: _____ Home #: _____

ADMINISTRATION OF MEDICATION ON DISTRICT-SPONSORED FIELD TRIPS

My child will need medication to be administered by District staff during District-sponsored field trips. Please refer to:

___ the attached Permission For Medication form.

___ the Permission For Medication form already submitted to, and on file with the District.

Parent/Legal Guardian Signature: _____ Date: _____