

**Wendell School District #232
EXTENDED FIELD TRIP
PARENT/GUARDIAN CONSENT FORM**

This form must be completely filled out, signed by both the parent/guardian and student, and returned to the school before any student will be allowed to participate on any school-sponsored extended field trip.

I hereby give my permission for _____
(Name of Student)
who attends _____
(Name of School)
to participate in an extended field trip to _____
(Destination)
on _____ from _____ to _____
(Date) (Departure Time) (Return Time)
for the purpose of _____

Class/Club/Team: _____

Staff Contact: _____ Phone: _____

Transportation for this activity will be provided by:

____ District bus/vehicle

____ Other (specify): _____

Food will be provided by/at:

I received a detailed itinerary of the trip. ____ Yes ____ No

I received a list of things the student should/should not bring. ____ Yes ____ No

Medical Information

Home Phone: _____ Date of Birth: _____

Address: _____

Parent's Work Phone: _____ Parent's Cell Phone: _____

Family Physician: _____ Phone: _____

Does the student have any medical or physical condition or allergies that could interfere with the student's safety? ____ Yes ____ No

If yes, please describe: _____

Does the student currently take any medication(s)? ____ Yes ____ No

If yes, please list the required medication(s):

Medication schedule:

☐ I authorize a staff member to carry and administer medication(s) to my student. Initial _____

☐ I authorize my student to carry and self-administer medication(s). Initial _____

All medication, including over-the-counter medication, must be in original containers with only enough medicine for the duration of the trip plus two (2) days in case of delays.

Alternate Emergency Contact

In the event of an emergency if I cannot be contacted I wish for the following person to be notified:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Informed Consent

This agreement to travel and participate in activities or events sponsored by the _____ School District No. _____ is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the school district and the school.

_____ School District No. _____, its school principals, and its teachers desire that students and parents/guardians of students have a thorough understanding of the implications involved in a student's participation in a voluntary activity. For this reason, it is required that each student and his/her parent(s)/guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any extended field trips.

1. I, the undersigned, as parent/guardian, give my consent for the student identified herein to participate in activities as a representative of his/her school.
2. I will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold _____ School District No. _____ harmless for any injury or accident or property loss involving the student.
3. I understand that school officials will complete required accident insurance forms, after which all insurance claims for injuries received while participating in school events, shall be processed by the student's parent(s)/guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I hereby accept financial responsibility for equipment or instruments lost, stolen, or damaged by my child while participating in the extended field trip.
5. I authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the district. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.
7. Some extended field trips may include or have the potential for participation in risk related activities. Risks and dangers may arise from foreseeable and unforeseeable causes. I give permission for my child to participate in these activities when supervised by a chaperone and I will indemnify and hold the district harmless for any accident or

injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while my child is engaged in risk related activity(ies).

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Student Code of Conduct

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip and that if I violate any school policy during an extended trip I may be disciplined, including, but not limited to, being sent home at my parent/guardian's expense.

Signature of Student

Date

Signature of Parent/Guardian

Date