



**LIND-RITZVILLE HIGH SCHOOL
PARENT / GUARDIAN FIELD TRIP
PERMISSION / EMERGENCY INFORMATION / INFORMED CONSENT**



FIELD TRIP INFORMATION:

I hereby give my permission for _____ to participate in a

 (Name of Student)
 field trip to _____ on _____, from

 (Destination) (Date)
 _____ To _____ for the purpose of:
 (Depart Time) (Return Time)

Class / Club / Team: _____
 Staff Contact: _____ Phone #: _____
 Transportation for this activity will be provided by: _____ District Bus / Vehicle _____
 Other (specify): _____

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MEDICAL / EMERGENCY INFORMATION:

Student Home Phone #: _____ Date of Birth: _____
 Student's Address: _____
 Family Physician: _____ Phone #: _____
 Does the student have any medical or physical condition, medication information, or allergies, which could interfere with the student's safety? _____ YES _____ NO
 If yes, please describe: _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____
 Phone #: _____ Alternate phone #: _____

INFORMED CONSENT:

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there are risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

 Signature of parent/guardian Date

 Printed name of parent/guardian

 Parent/guardian work phone Home phone # Cell phone #

I pledge that my conduct will, at all times, reflect credit upon my parents, my school, and myself. I understand that the school rules of conduct apply while on the trip.

 Signature of Student (Date)