

Out-of-State / Out-of-Country Field Trip

Parent Permission /Emergency Information /Informed Consent for Student to Participate Form

I hereby give my permission for _____ (*Name of student*)

to participate in a field trip to: _____ (*Destination*)

on: _____ from: _____ to: _____
(*Date*) (*Time departs*) (*Time returns*)

for the purpose of: _____

Class/Club/Team: _____

Staff contact: _____ Phone #: _____

Transportation for this activity will be provided by:

____ District bus/vehicle

____ Other (specify) _____

Accommodations will be as follows: _____

Food will be provided at/by: _____

We, the undersigned participant and the undersigned parent of the participant, acknowledge and agree to the following terms and conditions for the undersigned student's participation in the in the following program:

Program Name: _____

Program Dates: _____

Nature of Trip

We understand that this program entails travel to a foreign country, and that such travel entails certain inherent risks regardless of all feasible safety measures that may be taken by the district. We understand that participation in this program is entirely voluntary. We understand that the teachers will be traveling with the group and acting as chaperones for the group.

Expectations and Terms

We agree to the terms governing this program, including appropriate standards of conduct, and we agree that the undersigned student will follow the terms and standards of the program and the directives of the chaperones. The chaperones will enforce rules of conduct and the terms of the program. Failure of the undersigned student to follow the rules of conduct and terms of the program or the directives of the chaperones at any time may result in the student's immediate termination from the program. In such event, the chaperones are authorized to arrange transportation back to the United States at the undersigned's expense.

Needed Accommodations

If the student has a disability or requires any special accommodations, those accommodations are attached.

Medical

Medical/emergency information

Student home phone #: _____ Date of birth: _____

Student's Address _____

Family Physician: _____ Phone #: _____

Describe any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities:

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 #: _____

Medical Procedures

If any emergency medical procedures or treatment are required during the trip, we consent to the trip chaperone(s) taking, arranging for, and consenting to the procedures or treatment, in the chaperone's discretion. We will pay the costs of any such medical procedures.

Medical Insurance

We verify that health and medical insurance (please attach copy of insurance card) is in place for the undersigned student,

- Insurance Company _____
- Policy number _____
- Telephone number _____

Student Responsibility for Actions

We understand that the chaperones are not responsible for the undersigned student's well-being during times that the student may be absent from the group during independent travel or travel the undersigned student may elect to do with relatives, friends, or other group members outside the travel plans of the program specified above, or at any other time that the student may be on his or her own. It is the student's responsibility to stay with the group and to keep the chaperones advised at any time the student leaves the group.

Informed consent

As the parent/guardian of the above named student, I have read the field trip information 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 myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

Signature of student *Date*