



EAST AURORA SCHOOL DISTRICT 131

INSPIRING LEARNERS

PARENT/GUARDIAN FIELD TRIP PERMISSION FORM

I hereby give my permission for _____
(Name of Student)

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

(Address)

On: _____ From: _____ to: _____
(Date) (Departure Time) (Time Returns)

Class/Club/Team: _____

Detailed Itinerary:

Staff Contact: _____ Phone #: _____

Transportation for this activity is provided by: _____ District Bus/Vehicle
_____ Other (specify) _____

Food will be provided by/at: _____

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 understand that there are risks associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of serious injury or 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 employee 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 rules and regulations.

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian Phone Number Alternate Phone Number