

FIELD TRIP CONSENT FORM

Your child's class/group is participating in an educational trip. It is the policy of the White Sulphur Springs Public Schools to require parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate, please carefully read and sign this document.

I hereby give permission for my child, _____, to go with his/her class to _____ for a field trip. Transportation will be provided by the district. If travel by a private car is required for this event, I understand that my child will ride with _____.

As a parent or guardian, I understand that the school and the staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in the referenced field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the White Sulphur Springs Public Schools.

In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

In addition, please understand that your student is expected to follow all school district guidelines for behavior. In the unlikely event, your student is involved in a major violation of conduct, such as involvement with illegal drugs or alcohol, you may be asked to come pick up your child.

I have been informed the class will leave on _____ at about _____ from the School and will return at approximately _____.

Parent or Guardian:
(Please Print)

(Signature) _____

Address:

Phone Number:

Does your child have a medical condition which the school should be aware of before allowing your child to participate on a field trip? Yes _____ No _____. If yes, please state the nature of medical condition. _____.

**In the event that unforeseen circumstances arise creating a need for you to contact your student or information to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. Your contact person is _____ and their phone number is _____.

Date _____