

Waubun, Ogema, White Earth Public Schools
Overnight Field Trip Permission Form

As parent/legal guardian of _____, I grant permission
(Print Student's Name)
for him/her to participate in the field trip described below. In the event of an emergency I may
be reached at the following Phone #s on the day of the trip: _____

(School completes form down to the signature line.)

Destination: _____

Nature or purpose of the trip: _____

Date/time leaving: _____ Date/time returning: _____

Sponsors/Chaperones: _____

Cost of Trip Per Child: _____

Travel Itinerary Information: _____

Items to Bring: _____

In the event of illness or injury, I do hereby authorize the activity supervisor to consent to whatever emergency medical, surgical or dental care is considered necessary in the best judgment of the attending physician, surgeon, or dentist. I agree to pay for such medical care whether or not the costs are insured by my health insurance. I understand that an attempt will be made to contact me, by phone if possible, before such care is administered.

Health Insurance Company: _____ Policy # _____

Medical concerns (medications, allergies, etc): _____

I am aware that when I am on a schoolsponsored trip, I am under the jurisdiction and supervision of the school sponsors/chaperones and that my behavior must conform to the *Code of Student Conduct*, the school's Student Handbook, and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations including being sent home at parent/guardian expense. I understand that my luggage and personal belongings are subject to search by the supervising chaperone(s) during the trip.

Signature of Student

Date

Signature of Parent/Guardian

Date

Extended (Overnight) Fieldtrip Request

Extended trips involve one or more overnight stay(s) and must be requested **well in advance of the planned activity**. This form must be completed and approved at each level: principal, superintendent, and school board. Exceptions to the approval policy may be granted or expedited to accommodate emergencies or contingencies (e.g. tournament competition).

Requested by: _____ Date: _____

Group: _____ Date of Fieldtrip: _____

Number of Students: _____ Number of Chaperones: _____

Event/Destination: _____

Purpose/Benefit to Student: _____

Mode of Transportation: _____

Estimated Allowable District Expenses: (Advisor/Chaperone only)

Transportation: _____

Lodging: _____

Meals: _____

Registration/Fees: _____

Substitute: _____

Total: _____

Approved by: _____ (Principal)

Approved by: _____ (Superintendent)

Date of Board Approval: _____

Checklist items to be completed prior to departure:

1. Travel itinerary information submitted to and approved by administration. (Page 2)
2. Chaperone list with cell phone numbers submitted to and approved by administration.
3. Itinerary & contact information disseminated to parent/guardian & chaperone(s).
4. Student/Chaperone fees paid.
5. Permission & Rules of Conduct Forms signed by student & parent/guardian.
6. Chaperone expectation meeting conducted.
7. Luggage & personal belongings searched for banned substances.

Extended Fieldtrip Itinerary Information

Complete detailed information below and submit to Building Principal for approval:

Date of Board Approval: _____

Dates gone: _____ through _____

Days of the week gone: _____

Substitute name: _____

Travel timeline:

Travel route: _____

Lodging: _____ Lodging phone#: _____

Bus Driver or Transportation Company: _____

Chaperone(s) name & cell#: _____

_____, Checklist:

_____ Itinerary information disseminated to parent/guardian including chaperone contact info.

_____ Student/Chaperone fees paid.

_____ Permission/Rules of Conduct Form signed by student & parent guardian.

_____ Chaperone expectation meeting scheduled.

_____ Luggage & personal belongings search for contraband conducted.

_____ Substitute lesson plans developed.

Principal Signature: _____ Date: _____