



PARSONS DISTRICT SCHOOLS USD 503

Parent Authorization for Out of State Student Field Trip

This form must be on file in the attendance office 72 hours prior to the trip. In no case will the student be permitted on the field trip if this form is not on file with the parent/guardian signature.

School _____

Student Name _____ Grade _____

Destination and Purpose _____

Date of Trip _____ Departure Time _____ Return Time _____

Method of Transportation _____ Staff Sponsor _____

PARENT APPROVAL

The parent/guardian, by acknowledging this field trip authorization, fully understands and recognizes that the student's participation in this field trip is **strictly voluntary, not required attendance.**

All field trip participants hereby agree to waive all claims against the Parsons District Schools USD 503, for injury, accident, illness, or death occurring during or by reason of the field trip and shall sign a statement waiving such claims.

Field Trip Regulations:

1. Students shall obey all transportation rules while on the trip including returning to school by the same form of transportation as departure, unless prior written permission is granted by site administrator to return with parent/guardian.
2. Students shall comply with all applicable school and District rules throughout the course of the field trip.
3. Students may be denied future field trips and be sent home, at the parent/guardian expense, if field trip rules are not observed.
4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip.
5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as securing a copy of this information to have on the field trip.

I certify that all emergency medical information on file with the district is current as of the date of this trip.

Parent/Guardian Signature

Date

Student Signature

Date

Parsons District Schools USD 503

Waiver for Field Trip

Student Name: _____ **Grade:** _____

Destination and Purpose of Trip: _____

Date: _____ **Departure Time:** _____ **Return Time:** _____

It is recognized that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise. We agree to release and not hold liable the Parsons Board of Education and its employees in the event of any accident or injury or harm to our son/daughter and we agree to hold the Parsons Board of Education and its employees harmless from any costs, liabilities, injuries, including death, or expenses related thereto.

In the event that my student must return to Parsons independently for reasons of health, accident, failure to conform to rules established by the person in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I certify that I am the parent or legal guardian of the above named student and that I have read and understand the waiver and that I, in consideration of the Board of Education allowing my child to participate in the activity described above, agree to release and waive any claim or legal cause of action that I might have against the Board of Education arising out of any act or omission of the Board of Education, its officers, officials, employees, volunteers and agents.

Parent/Guardian Name (please print) Home Phone Cell Phone

Parent/Guardian Signature Date

PARSONS DISTRICT SCHOOLS USD 503

**Student Field Trip Authorization
Emergency Medical Information**

Student Name

Date

Parent/Guardian Name

Parent Home Phone

Work Phone

Cell Phone

Name of Physician

Physician Phone

Name of Dentist

Dentist Phone

Medical Insurance Company

Group/Coverage Number

Known Allergies

Required Medications

Special Instructions:

I hereby give my consent to Parsons District Schools to authorize any emergency medical treatment, including but not limited to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care needed to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act.

Parent/Guardian Signature

Date