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.

_____________________________ Date

Parent/Guardian Signature

_____________________________ Date

Student Signature
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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td></td>
</tr>
<tr>
<td>Parent Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Name of Physician</td>
<td>Physician Phone</td>
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<tr>
<td>Name of Dentist</td>
<td>Dentist Phone</td>
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<tr>
<td>Medical Insurance Company</td>
<td></td>
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<tr>
<td>Group/Coverage Number</td>
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<tr>
<td>Known Allergies</td>
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<tr>
<td>Required Medications</td>
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</tbody>
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### 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.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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