

CONSENT TO PARTICIPATE IN FIELD TRIP

RE: - Student's Name

This consent form has been signed only after understanding and considering the following:

1. Destination and other planned site visits for field trip: \_\_\_\_\_
2. Purposes of the field trip: \_\_\_\_\_
3. The field trip will involve the following types of activities: \_\_\_\_\_
4. Student requirements for the field trip: (Describe any special requirements of students who participate, including bringing certain items on the field trip.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Method of transportation to be used for the field trip: \_\_\_\_\_
6. Name of Trip Supervisor: \_\_\_\_\_
7. Pickup date and time: \_\_\_\_\_ Pickup location: \_\_\_\_\_  
Drop-off time: \_\_\_\_\_ Drop off location: \_\_\_\_\_
8. If any emergency medical procedures or treatment are required for the student during the field trip, I consent to the Trip Supervisor's arranging for or consenting to the procedures or treatment at his/her discretion. I, or other parent or guardian, will be responsible for the costs of such procedures or treatment.

INFORMATION TO BE SUPPLIED BY PARENT/GUARDIAN

A. Please contact \_\_\_\_\_ (give name of appropriate person to contact in the event of an emergency situation involving the student). The telephone number for this person is ( ) \_\_\_\_\_

B. The Trip Supervisor should be advised of the following special information or instructions concerning the student, e.g. allergies, nonswimmer, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that if the Trip Supervisor is unable to accommodate any special needs of the student, field trip participation may be denied.

Signed by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_