

FIELD TRIP NOTIFICATION

Date: _____

Dear Parent:

Your child will be participating in a field trip to _____. The group will leave the school at _____ A.M. P.M. on _____, _____ and expect to return (Time) (Day of Week) (Date) at about _____ A.M. P.M. (Time) _____ (Teacher)

Please complete all of the following information regarding your child.

_____ (Child's Name)

- 1. Does your child have any medical concerns of which we should be aware? Yes No
If yes, please explain _____
- 2. Does your child have any serious allergies? Yes No If yes, please explain _____
- 3. Is your child receiving any medication? Yes No If yes, will this medication need to be given by school personnel during the field trip? Yes No If yes, please complete a Medication and Consent form which is available at the school office.

Emergency Contact Numbers: (Please list the telephone numbers where you can be reached during the scheduled time of the field trip).

#1 Name _____ Phone Number _____
#2 Name _____ Phone Number _____
Student's Physician _____ Clinic/Hospital _____

In case of an accident or serious illness, and the school personnel are unable to reach me, I hereby authorize the school to make whatever arrangements are necessary.

You are requested to indicate your knowledge and approval of this trip by signing your name and returning this slip to me as quickly as possible. For overnight trips, student luggage may be searched by school staff prior to departure. Thank you.

Waiver of Liability

I, _____ (name of parent), the parent of _____ (name of child) understand that participation in the above-described field trip may post inherent risks to my child's safety. Such risks include, but may not be limited to:

List any known risks specific to the field trip. _____
I further understand that I may withhold my permission for my child to participate in this field trip. By executing this Waiver of Liability, I specifically agree to hold the Unified School District of Marshfield harmless and waive any claims of liability against the school district for events arising out of my child's participation in the field trip. This waiver does not include potential liability for intentional harm to your child.

_____ (Signature of Parent/Guardian) _____ (Date)

PLEASE COMPLETE THIS SHEET AND RETURN IT TO THE SCHOOL SO THAT YOUR CHILD MAY PARTICIPATE IN THIS EVENT. PARTICIPATION REQUIRES THIS FORM TO BE COMPLETED.