

WHITEHALL SCHOOL DISTRICT
FIELD TRIP CONSENT FORM

Your child=s class is participating in an educational trip. It is the procedure of the Whitehall School District to require parental permission before allowing a student to travel with members of his\her class. If you would like your child to participate, please carefully read and sign this document.

I hereby give permission for my child, _____, to go with his\her class to _____ for a field trip. Transportation will be provided by the district.

As a parent or guardian, I understand that the school and the staff will do everything possible to prevent any accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district=s agreement to allow my child to participate in the referenced field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child=s participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Whitehall School District.

In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither he\she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and\or unforeseen circumstances.

I have been informed the class will leave on _____ at about _____ from the school and will return at approximately _____.

Parent or Guardian: _____ Date
(Please Print)

Address:

Phone Number:

Does your child have a medical condition which the school should be aware of before allowing your child to participate on a field trip? Yes_____ No_____. If yes, please state the nature of the medical condition. _____.