FILE: IJOA-E(2)

FIELD TRIP PERMISSION FORM - DAY TRIP

My son/daughter, _____ has my permission to go on a field trip to Generations with Col Stark or Season Choir on the date of _____ from _____ a.m./p.m. to _____ a.m./p.m.

FOR EMERGENCY CONDITIONS AND/OR MEDICATIONS

If your child may require *emergency* medications while on this field trip, please list the medications, administration instructions and any additional concerns regarding the care of your child.

Name and dosage of medication: _____

Emergency medical condition: _____

Instructions: _____

Please check one for the above: ____ Parent/Legal guardian sending emergency medication

____ Nurse sending emergency medication from health room

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MEDICAL CONDITIONS AND/OR MEDICATIONS (DAILY OR AS NEEDED)

Listed below are any medical conditions including allergies about which the district or trip chaperone may need to know, as well as any medications currently being administered at school that are to be given **while on the field trip.** ALL medications must be provided from the parent/legal guardian to the teacher in the original container with only the exact dosage needed for this field trip. The nurse cannot send these medications from the health room. Please consult your pharmacist where the prescription was dispensed to obtain an additional labeled prescription bottle. If over the counter medications are necessary, please purchase and send the smallest size available for this medication.

	Medical condition (or allergy)	**Medication**	**Dosage**	**Time to be given**
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I understand that this health information may be shared with persons responsible for the care of my child and may include volunteer chaperones as well as district employees. I understand that if my son/daughter becomes ill or is injured during this trip, the trip chaperones will attempt to contact me or an emergency contact at the numbers listed below.

_____ _____

Telephone # Name of parent/legal guardian

_____ _____

Telephone # Name of emergency contact

If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance and I agree that I will be solely responsible for any and all costs incurred as a result. I further agree to indemnify and hold harmless the district, its board of trustees and its employees for any injury or loss that occurs to my child which is not the result of gross negligence by the district or its authorized representatives. If the principal/director authorizes the use of private vehicles for transportation, I give permission for my son/daughter to ride in a private vehicle.

_____ _____

Signature of parent/legal guardian Date

When it is possible based on availability, school bus transportation will be used to transport students on field trips. In cases where school bus transportation is not possible due to availability and/or not practicable based on the number of students who are going on the field trip, private automobiles driven by parents/legal guardians, teachers or students may be used on field trips, subject to written approval from the principal/director. All drivers must be at least 18 years old and must provide proof of insurance coverage to the district. In no case will students be transported in any vehicle (including vehicle rentals/charters) designed or used to transport more than 10 passengers, including the driver, unless that vehicle meets the definition of a school bus under federal law.