

ACADEMY DISTRICT 20 FIELD TRIP PERMISSION FORM

Teacher Name(s): _____ Class or Group: _____

Student Name: _____

Purpose of Activity: _____ Destination: _____

Date of Trip: _____ Mode of Transportation: _____

Departure Time: _____ Departure Location: _____

Return Time: _____ Return Location: _____

Cost of Trip per Student: _____

I understand that the School District is not responsible for insuring my student with regard to the student's participation in the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. I understand, however, that the student and I retain any legal rights we may have for Personal Injury Protection Coverage, to the extent it may be available, resulting from a motor vehicle or bus accident.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees have not waived these protections and immunities. I understand that the School District and its employees may also have certain legal obligations with respect to the activity.

I understand that if my child needs medication while on a trip and cannot self-medicate, either I will accompany my child or there will be a staff member trained and delegated by the school nurse who can provide the medication to my child. In addition, I understand that school nurses are available only during normal school hours.

I understand that the student's participation is entirely voluntary and the school will provide alternatives for those students who cannot participate in the activity.

All District policies and procedures apply to the trip regardless of where the activity takes place. Violation of the policies/procedures or failure to follow directives, safety rules, etc. could result in the student being sent home and/or disciplined.

I acknowledge that I have read and understand this Trip Permission Form.

Signature of Parent or Legal Guardian Date

Student Signature Date

<p>EMERGENCY CONTACT INFORMATION WILL BE PULLED FROM INFINITE CAMPUS. Go to asd20.org/homeinfo to verify and/or update your information.</p>
