**Field Trip Consent Form**

We are arranging a field trip for students in Grade(s)       on      . We will be going to       and will be away from the school from       to      . We will be travelling by      . On this field trip, we will be (*describe activities*)      . Students will need to bring      . The class will be supervised by      *(Note: With older grades, please note that your child will not necessarily be directly supervised by an adult at all times.)*

**Additional Information:**

**Cost:** $       | **Payable by cash or cheque, made out to:**

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My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

*Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.*

Student’s Name (Please Print): (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that my child listed above participate in the field trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yy). I understand that my child may be exposed to certain

risks while participating in this activity. Accidents and injuries may occur.

**I am 19 years of age or more and have read and understand the terms of this consent and waiver, and understand that it is binding upon me, my heirs, executors and administrators.**

*\** *This consent and waiver must be signed by parents or guardians of a child who is under the age of 19 years. For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student’s rights.*

Parent/Guardian Name (Please Print): (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Emergency Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Volunteer:  Parent/Guardian Driver:  # of Students I Can Drive: \_\_\_\_\_

Up-to-date volunteer and driver forms have been submitted to school office (*Including valid: driving record, copy of insurance and license, and criminal record check*):