POLICY TITLE: Student Travel – Field Trip Permission Form

POLICY NO: D502.47F PAGE 1 of 1

Minidoka County Joint School District # 331

PARENT PERMISSION FORM FOR FIELD TRIP

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building.

Name of Event:	
Destination:	
Date and Time of Departure:	Date and Time of Return:
parent or legal guardian, you remain full result from any personal actions taken by	owing statement of consent and release of liability. As y responsible for any legal responsibility which may y the named student. I hereby consent to participation by in the event described above.
Print Parent's Name:	Phone Number:
Parent' Signature:	
Medical Concerns:	
	s/phone numbers:
immediate medical and/or hospital attent	cy and, if in the judgment of the school authorities, tion is indicated, do you authorize responsible school able hospital or physician? Yes No
Parent Signature:	Date:
	ected when participating in any school sponsored activity. If a to disciplinary action including, but not limited to, being sent

Students not meeting grade requirements may not be able to participate in activity trips.