



# Parent/Guardian Informed Consent for Field Trip

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

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

## Trip Information

Class(es) \_\_\_\_\_

Destination \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Purpose/Activity \_\_\_\_\_

Trip Leader \_\_\_\_\_ Phone \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Date of Return \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Itinerary is attached

List of items needed is attached

Number of students attending \_\_\_\_\_

Number of adults/chaperones attending \_\_\_\_\_

## Type of Transportation

District vehicle/bus

Commercial transportation/charter

Private car

## Medical Information

The following special health problems should be noted and adequate precautions taken:

Specify

Yes  No  Insect/bee stings allergies \_\_\_\_\_

Yes  No  Drug allergies \_\_\_\_\_

Yes  No  Other severe allergies \_\_\_\_\_

Yes  No  Hemophilia \_\_\_\_\_

Yes  No  Diabetes \_\_\_\_\_

Yes  No  Heart disease \_\_\_\_\_

If yes to any of the above, the following medications, prescriptions, special diets, and medical protocols are needed:

\_\_\_\_\_

Is the student taking any medication (including nonprescription drugs; i.e. Aspirin)  Yes  No

If yes, specify \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Does your child have medical insurance coverage? Yes  No

Name of preferred doctor/hospital \_\_\_\_\_ Phone \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Sign on reverse side

It is recommended that all students have medical or student accident insurance. Please contact your school office for more information.

**Please read carefully before signing**

It is the priority of the North Clackamas School District to provide educational experiences in which the District can assure the student and parent/guardian a reasonably safe environment. In traveling off District property, parents must first acknowledge potential risks that might be encountered, and approve their student's participation.

1. The District's representation and that of its representative(s) is that a quality educational experience will be pursued.
2. The same rules that are in effect during school hours are in effect for the trip, **including but not limited to, precautions to prevent the transmission/spread of COVID-19**. The student is to abide by the instructions of the authorized trip leader.
3. Parent/guardian must inform themselves of the level of supervision that will be on the trip, the details of the trip, and then judge for themselves, considering the behavior patterns of their student and their student's maturity, whether their student has the maturity and ability to accept direction and function responsibly and safely as a trip member in the unfamiliar situation.
4. Participants must exercise the appropriate level of maturity and self-discipline for their age and extend the effort necessary to protect their individual safety and benefit from the experience. Each participant is urged to be continually on guard for the safety of others in the group and circumstances that impair that safety.
5. The dangers that are present in this trip are those commonly experienced by and known to all persons traveling with young people within the United States, **including but not limited to, potential exposure to the COVID-19 virus**. The District cannot and does not claim to control such dangers. Parents wishing more information regarding the trip and its leadership should contact the trip leader.
6. The District and trip leadership will not make any judgments regarding the safety of non-District public transportation (common carriers) used, traffic hazard situations, unlawful behavior of strangers and other dangers to be found in the surroundings and cannot be expected to control student behavior that is contrary to the directions given to the party or individuals in the party.

As a parent(s) or legal guardian(s) of \_\_\_\_\_, or as an emancipated student traveling with the group, I/we, the undersigned, hereby release and agree to defend and hold harmless the North Clackamas School District #12, its officers, agents, employees, including trip leadership, and their assigns from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including, but not limited to, the student or other students having failed to properly carry out instructions from the trip leadership. My student's medication information is complete and accurate on the front of this form, and I hereby give the North Clackamas School District (or its representative designee) authority to seek emergency medical treatment for my child. I understand that parent/guardian will be responsible for any expenses incurred.

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature reflects their knowledge and approval of the activity.

**This form must be returned to school before the student is involved in the activity; phone permission is not acceptable.**