

## Fortine Elementary School Field Trip Consent Form

Your child's class is participating in an educational trip. It is the policy of the Fortine Elementary School to require parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate, please carefully read and sign this document.

I hereby give permission for my child, \_\_\_\_\_, to go with his/her class. If you would like your child to participate, please carefully read and sign this document.

As a parent or guardian, I understand that the school and the staff will do everything possible to prevent any accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in the referenced field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of a law by a trustee, employee or agent of the Fortine Elementary School.

In the event it become necessary for the district staff in charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

I have been informed the class will leave on \_\_\_\_\_ to \_\_\_\_\_ at about \_\_\_\_\_ from the school and will return at approximately \_\_\_\_\_.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have a medical condition which the school should be aware of before allowing your child to participate on a field trip? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please state the nature of the medical condition. \_\_\_\_\_