

BAINBRIDGE ISLAND SCHOOL DISTRICT

OVERNIGHT FIELD TRIP CONSENT/CLEARANCE FORM

I hereby give my permission for _____, who attends _____,
 (student's name) (school)

to participate in a field trip to _____ on _____.
 (destination) (date)

We will leave from _____ Departure time _____.

We will return at _____ on (date) _____.

Place of lodging: _____ Name of lodging: _____

Type of Transportation:

- School bus Commercial transportation Other
 District vehicle Private vehicle Explain: _____

I hereby give permission for my child to travel on this field trip in transportation arranged by school officials. I understand that school district policy permits transportation to be provided by district vehicles or privately-owned vehicles operated by district employees or volunteers. I further understand that when transportation is by privately-owned vehicles, the driver/owner is solely responsible for the insurance coverage and their passenger's well-being.

Student's address: _____ Date of Birth: _____

Name of responsible parent/guardian: _____

Home phone #: _____ Work phone #: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact me immediately however, in the event of injury or serious illness, I do _____ /do not _____ authorize the school district to secure emergency medical care as needed. I accept full responsibility for the cost of treatment for an injury which my child may suffer while participating in the activity.

Name of preferred Physician: _____ Phone No. _____

Name of insurance carrier _____ Policy No. _____

List any special medical or other information (allergies, asthma, diabetes, etc.) _____

I have read the attached itinerary (detailing dates, educational purpose, events/activities, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury, or other consequences arising from this activity. Being fully informed as to these risks, I hereby consent to my child participating in this voluntary activity.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith (except for the sole negligence of the school district) and that such insurance, if desired, must be purchased by me.

Signature of parent/legal guardian: _____ Date: _____

Check here if you paid your Field Trip Fee On-Line

Date Paid _____ **Receipt #** _____