

Parent/Legal Guardian Consent Form

FOR FIELD TRIPS, EXTRACURRICULAR TRIPS, COCURRICULAR TRIPS, CONTESTS AND EXTENDED TRIPS

We, as parent or guardians of \_\_\_\_\_  
(Name of Child)

Grant Our Permission

Do Not Grant our Permission

And consent of such child to participate in the field trip, extracurricular trip, contest, or excursion,

Described as \_\_\_\_\_ to be held  
(Description of Activity)

On \_\_\_\_\_ (See attached description)  
(Date)

In granting such permission and consent, we specifically recognize that such consent and participation in specified trip is voluntary and that failure to grant consent will in no way result in any impact on the grade of such child for failure to participate in the trip.

In granting such permission and consent, we:

- Acknowledge and assume full responsibility for any and all damage to person or property cause by our child or ward during such activity.
- Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents and employees during such activity.
- Expressly agree that in the event that and disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

Health concerns or limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication(s) currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Phone) (Address) (City) (State) (Zip)