

RICHLAND SCHOOL DISTRICT NO. 400
ACTIVITY/TRIP
PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian:

Your son/daughter is invited to participate in the following activity/trip:

Activity/Trip _____ Date(s) _____

Destination _____

Advisor(s) in Charge _____

Type of Transportation _____

I 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 the activity, which may include physical injury or other consequences arising or resulting from the activity.

Being fully informed as to these risks, I hereby consent to my student participating in the field/activity trip mentioned above.

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available I authorize the school district to secure the emergency medical care as needed. I authorize the above named advisor(s) to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness, and I will provide for the payment of these costs.

On behalf of the above-named student, I hereby absolve and release the school officials from any claims for personal injuries which might be sustained while he/she is en-route to and from or during the activity/trip.

We agree to abide by the activity/trip Code of Conduct Guidelines. Should a conduct code violation occur the advisor(s) have the option to send home the student at the parent's expense. Reasonable care shall be exercised to insure the safest and most expedient and financially feasible mode of transportation back to the home community of the student. I am aware of the consequences that will result from violation of any of the Code of Conduct Guidelines.

Student's First and Last Name _____

Parent/Guardian Name _____

Home Address _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

MEDICAL INFORMATION

Known allergies (drug or natural) _____

Date of last tetanus shot _____ Any physical restrictions _____

Other conditions _____

Family doctor _____ Phone Number (_____) _____

The following regular/emergency medication _____ for the above named student needs to be taken at _____ (time/# times per day).

_____(Initial) I will provide the correct number of doses for the duration of the trip along with the required Physician/Dentist Request for Administration of Medication Form.

INSURANCE INFORMATION

Company Name _____ Policy Number _____

(Signature of Parent/Guardian)

FOR LEGAL PROTECTION, THIS FORM MUST BE IN THE ADVISOR'S POSSESSION AT THE ACTIVITY/TRIP

Student Code of Conduct Agreement

I, _____, as a student of the Richland School District, understand that while on the _____ trip, I am under the direction and authority of _____ (teacher's name), as representative of the Richland School District.

I understand that I am expected to be with the group at all times and will abide by this expectation.

I will be respectful to, and follow the instructions of, the adult supervisors traveling with the group.

I also understand that the following behaviors are prohibited:

- Possession and/or use of alcoholic beverages, illegal drugs, and tobacco.
- Possession and/or use of any kind of weapon (including pocketknives) or fireworks.
- Use of foul and/or abusive language or lewd behavior.

I understand that failure to follow these guidelines will jeopardize my privilege to continue on the trip. I also understand that, in the event that I have not met the guidelines stated in the Code of Conduct, the supervisors retain the option of sending me home early at the expense of my parents/guardians.

Student Signature

Date

I have read, reviewed with my child and agree with the above Code of Conduct. (See attached Parent/Guardian Permission Form.)

Parent/Guardian Signature

Date