



Field Trip Parent Consent Form

Date of Form		
School		
Class		
Trip Details (Where & Why)		
When	Departure Date:	Departure Time:
	Return Date:	Return Time:

If applicable, please see the attached itinerary for detailed information on trip locations, times and activities.

Transportation:	<input type="checkbox"/> Golden Hills School Bus <input type="checkbox"/> Contracted Bus <input type="checkbox"/> Approved Volunteer with Personal Vehicle <input type="checkbox"/> Golden Hills Employee with Personal Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Air Travel
Supervisors:	The students will be under the supervision of: _____ _____ _____
Emergency #:	_____
Total trip cost:	\$ _____ Cost Breakdown: _____ _____

Acknowledgement of Risks

Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, the identified high risk activities, the risks involved and injuries that may result:

High Risk Activities (if applicable):

Field Trip Risks	Precautionary Measures

NOTE: Supervision Level 1: Close Proximity - Can see and can hear students
 Supervision Level 2: On-Site – Can view students in the vicinity
 Supervision Level 3: On-Location – Students not always visible to supervisor

Some activities have inherent risk and injuries can occur without fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in the activity, you are accepting those risks. Students who follow instructions reduce the chances of injury.

NOTE: As this trip is considered a regular school activity, all normal school policies and student expectations apply. In certain circumstances, parents may be required to pick up their child before the end of the trip.

Students not taking part in the field trip will remain at school and be engaged in _____

If you require more information or wish to discuss the field trip further, please contact the school.

Signature of Teacher

Signature of Principal

Signature of Superintendent
(If required)

STUDENT INFORMATION AND PARENT CONSENT

Health and Contact Information

In the case of a medical emergency, local emergency services will be called and parents will be contacted immediately.

Indicate any health related problems your child has: _____

Special medical, dietary or other instructions: _____

Emergency Contacts

	Name	Contact Number
Parent/Guardian 1		
Parent/Guardian 2		
Alternate Emergency Contact		

Parent/Guardian Consent

RE: STUDENT _____ Grade: _____

Please check the appropriate box.

- I hereby consent to _____ participating in a field trip to _____ and agree to pay the proposed costs if the trip proceeds.
- Thank you. I do not wish my child to participate in the field trip.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date