

LaMotte School, District 43 Field Trip Consent Form

Your child's class is participating in an educational trip. It is the policy of the LaMotte School District 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 read and sign this document.

I hereby give permission for my child, _____, to go with his/her class to _____ for a field trip. The District will provide transportation. If travel by a private car is required for this event, I understand that my child will ride with _____.

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 LaMotte School District 43.

In the event it becomes 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 that the class will leave on _____, _____, 20____, at approximately _____ M, from LaMotte School, District 43, and will return at approximately _____ M.

Parent or Guardian: (Print) _____

Signature: _____ Date: _____

Address: _____

Telephone: _____

List all numbers where you can be reached: Home, Cell, Work, Etc.

Does your child have a medical condition that 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: _____

In the event unforeseen circumstances arise creating a need:

- for you to contact your student
- for information to be relayed to you about an emergency, change in itinerary, etc.,

An information network has been established. Your contact person is _____, and their phone number is _____.