



File: AR-IJOA/E

**FIELD TRIPS**

**FIELD TRIP PERMISSION FORM**

Parent/Guardian Of: \_\_\_\_\_ Please return by:  
\_\_\_\_\_

Field Trip To: \_\_\_\_\_ Cost:  
\_\_\_\_\_

Educational Component:  
\_\_\_\_\_

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Transportation:  
\_\_\_\_\_

Chaperones Requested for Trip? Yes/No

\_\_\_\_\_ Please check if you are willing to chaperone this field trip (Only those who have been background checked will be allowed to accompany students on field trips.)

Because this activity will take place away from your child's school, there are some special considerations and procedures which apply. We have outlined these below:

Adopted January 15, 2014



Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each filed trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

The School does not have any medical/dental/hospitalization insurance covering students for injuries incurred at school or while on field trips. If you have not already done so, you should investigate and must obtain medical insurance coverage for your child.

If your child fails to abide by School rules of conduct and teacher instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend the above referenced field trip. I hereby release and hold harmless the School, its director, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in the above referenced field trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

I confirm to Aspen Ridge Preparatory that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

Adopted January 15, 2014



My student has the following medical condition(s), which may require emergency care (include allergies): \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACTS FOR DAY(S) OF FIELD TRIP**

Mother/Guardian: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Father /Guardian: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_