

# Rogue River School District 35

Code: **IICA-AR(3)**  
Revised/Reviewed: 3/13/08; 3/20/18  
Orig. Code(s): IIC/IICA-AR-2

## Field Trip Parental Consent Form

(Informed Consent Form – District Curricular/Cocurricular/Interscholastic Activities)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

The: \_\_\_\_\_

planning a field experience to: \_\_\_\_\_.

The purpose of this trip is: \_\_\_\_\_.

Trip destination: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

We will leave from \_\_\_\_\_ at about \_\_\_\_\_ (time)  AM  PM

on \_\_\_\_\_ (date).

We will return to the school on \_\_\_\_\_ (date) at about \_\_\_\_\_ (time)  AM  PM.

Itinerary is attached  List of items needed is attached

### Type of Transportation

District Vehicle  Parent Transportation  District Bus

### Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as usually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed:

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed.

Name of Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. I understand that during this experience my student will be under the supervision of school district employee(s) as well as chaperones.

Being fully aware of the risks, I hereby give consent for \_\_\_\_\_ (student) to participate in the activity.

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency No.: \_\_\_\_\_

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

Please return this form to school before \_\_\_\_\_ (date) and keep any attachment for your information.