

DUCHESNE HIGH SCHOOL

PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Student: _____

Please return this form by: _____

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from school. This activity will take place under the guidance and supervision of employees from Duchesne High School. A brief description of the activity follows:

Name of Event: _____

Education Goal of the Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Student Cost: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

If cars are used:

I give my permission to ride with another student to the field trip: Yes No

I give permission for my student to drive on the field trip: Yes No

Parent's/Guardians' Responsibility: _____

Phone number where Father can be reached during the event: _____

Phone number where Mother can be reached during the event: _____

Name of company through which student has medical insurance: _____

Student's medical insurance policy number: _____

Name and phone number of student's physician: _____

If you would like your son/daughter to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby request and consent to participation by my son/daughter _____, In the event described above. I understand that this event will take place away from school and that my child will be under the supervision of the designated school employee on the stated dates, I further consent to the conditions stated above on participation in this event, including method of transportation.

If I/we cannot be reached in the event of a medical emergency I/we give consent for the school to obtain such medical care as is reasonably necessary for the welfare of my son/daughter.

 Father/Guardian signature Date

 Mother/Guardian signature Date

CLASSROOM TEACHER NOTIFICATION

Period	Subject	Comments or Assignments	Teacher Signature
1			
2			
3			
4			
5			
6			
7			
8			