SCHOOL DISTRICT OF KETTLE MORAINE
PARENT/GUARDIAN CONSENT and RELEASE - Local/One-Day Field Trip

This page to be completed by parent/guardian.

Destination ________________________________

Student name ________________________________

The above named student has my permission to go on the field trip described. I understand that:

1. All rules of the school are in effect during this field trip; violation of rules will result in discipline according to established school guidelines.

2. My child accepts responsibility to make arrangements for work missed in other classes, if any.

3. If my child has attendance and/or disciplinary reports, his/her eligibility to participate in the field trip may be withheld.

4. My child accepts responsibility for any costs listed on the front page.

5. Cancellation of the field trip, or any portion thereof, may result in loss of advance deposit / pre-payments. The school district is NOT responsible to reimburse students or parent/guardians for any amounts lost, for whatever reason.

6. My child may not be under direct supervision at all times during this field trip and I have advised my child to obey all school rules and to avoid any circumstance that may lead to injury or loss of property.

7. If my child does not make a reasonable effort to follow these expectations, I may be called to come and get him/her.

8. If my child has a special medical circumstance and I cannot assure his/her safety on the trip, s/he may lose eligibility for participation.

9. This field trip involves a performance, service opportunity, or other activity where alcohol may be served to adults who are not supervising or chaperoning this event.

Release: The undersigned release the District and its agents, employees and representative from and against any claim, except a claim for negligence or intentional misconduct by the District and its agents, employees and representatives, which the undersigned may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the above named student's participation in the field trip.

Parent/Guardian Signature ___________________________ Date ____________

Emergency Treatment: In the event of sudden illness or accidental injury emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to transportation to a medical facility. Permission is also granted to the trip supervisor(s) to provide first aid to the above named student in the event of illness or injury. I have provided, in writing, any medical, activity or dietary restrictions and have listed any health concerns. I understand I will be contacted as soon as possible if a medical emergency occurs.

List any health concern we should be aware of (e.g. allergies, medications, other). Please be specific.

List any medication your child will need during the time of the field trip.

Allergies: ____________________________________________________________

Medications: _________________________________________________________

List the phone number where you or another responsible adult can be reached during this field trip:

Name_________________________ Phone ________________

Name_________________________ Phone ________________

Parent/Guardian Signature ___________________________ Date ____________

NOTE: Any changes made to this form will void this consent and release and be viewed as withholding of permission for participation on the field trip.

December 2012