Mount Vernon Schools

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent/guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agree to the following:

I hereby give my permission for _____, who attends
(Student's name)
_____ to participate in a field trip on _____ for the purpose of
(School) *(Date)*
_____.
(Activity)

Transportation for this activity will be provided by:

- ☐ District vehicle by district staff
- ☐ Private vehicle: _____ by district staff
  _____SUMMER ONLY: Volunteer/parents transporting students (completed volunteer driver checklist on file)
- ☐ District not providing transportation – parent must make own transportation arrangements
- ☐ Other (e.g. - walk, public transportation, etc.) Describe: _____

Student address: _____ City: _____ Home Phone: _____

Parent Work/Cell Phone: _____ Student Date of Birth: _____

Family Physician: _____ Physician Phone: _____

Medical conditions, medication information or allergies district should be made aware of:

_____

In the event of an emergency, I wish the following person to be notified if I cannot be contacted:
_____ Phone: _____

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and, in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assume financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of parent/guardian	**Date**	**Work phone**	**Home phone**

EXTENDED TRIP INFORMATION

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of parent/guardian	**Date**