

# DeSmet School Universal Field Trip Permit

Last Name of Student \_\_\_\_\_ First Name \_\_\_\_\_

I request that my child be allowed to participate in authorized DeSmet School District Field Trips throughout the school year. I understand that my child will be chaperoned by responsible adults while away from the school who will take reasonable precautions to protect my child from harm and injury. I understand that teachers at times take the students off campus on walking trips in the neighborhood and that this notice covers such trips. I further understand that I will be notified with a permit for any trips taken off campus using bus transportation.

I understand that a field trip is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards and instructions for student behavior. I waive and release all claims against DeSmet School District #20 employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation in any field trips may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperon will seek medical attention for my child and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold DeSmet School District #20 , its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of DeSmet School District #20 when such injury or illness occurs during the trip.

\_\_\_\_\_  
Parent /Guardian signature

\_\_\_\_\_  
Date

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Phone and Name:

\_\_\_\_\_  
*Please note : Any medical information which would be of help: (i.e. allergies, medications to avoid, current medications, etc.)*

I **do not** wish my child to take part in school field trips.

\_\_\_\_\_  
Parent /Guardian signature

\_\_\_\_\_  
Date