

# Raymond School District, SAU 33

## FIELD TRIP PERMISSION SLIP

### ACKNOWLEDGEMENT OF WARNING AND CONSENT AGREEMENT

I/We, \_\_\_\_\_ am/are the parent(s) or guardian(s)  
of \_\_\_\_\_, a student, who desires to participate in the following  
school activity: \_\_\_\_\_.

Date of Event: \_\_\_\_\_ Cost to Student: \$ \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Teacher(s) in charge: \_\_\_\_\_

I/We acknowledge that I/we have been informed as to the nature of the activity, and that this activity has risks of injury associated for those who participate, including transportation from and to the school campus. Although the school staff will endeavor to provide each participant with due care, the school cannot ensure that my/our child will remain free of injury. If the returning time is after school hours, I will be responsible for my child's transportation home from the school. On rare occasions, private vehicles may be used, with staff and/or parent volunteers as drivers. Students will not drive.

I/We understand the school cannot ensure the safety for children and that the school's obligation is to take reasonable precautions for safety and well being. Our child also has a responsibility for his/her safety and the safety of others.

I/We acknowledge that I/we must provide the staff with any medical or other information which I/we feel is important for the school to know about our son/daughter. This information must be kept confidential. I/We will provide medical and any other information on our child prior to the start of this activity. The School district will rely on me/us to provide this additional information.

I/We acknowledge my/our child must adhere to all rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Date

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

Telephone: \_\_\_\_\_  
Home/Cell \_\_\_\_\_

Telephone: Work \_\_\_\_\_

#### Instructions:

1. Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you have obtained a complete explanation.
2. Fill in all the blanks.
3. If you have more than one child participating, complete one form per child

September 2013