



AVON LOCAL SCHOOLS EDUCATIONAL FIELD TRIP PARENT APPROVAL FORM

Dear Parents:

Your child is eligible for participation in an educational field trip as described below. Please read the form carefully and provide the necessary data. NO student will be permitted to participate in the trip unless this completed form is returned by _____.

Student's Name: _____ Grade _____
Last First

Student's Address: _____
Street City

The student will be traveling by _____ to _____
at approximately _____ am _____ pm on (day & date) _____.

Students will be returning at approximately _____ am _____ pm

Teacher(s) in charge of trip: _____

EMERGENCY TREATMENT

In the event that my child should become ill or injured during the course of this trip, I may be reached during that time at:

Home _____ or Work _____, extension _____

If I cannot be reached, contact other designated person: _____

Relationship _____ Phone _____

After reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary and/or transfer to emergency facilities. Facts concerning the child's medical history including allergies, medication, etc., to which a physician should be alerted: _____

Conditions and limitation in connection with this educational field trip:

It is expressly understood and agreed that the student and parents assume all risk of harm, injury, or loss which the student may incur during the course of this trip and that, as a result, the undersigned expressly waives and releases the Avon Local Board of Education from any and all such claims or liabilities.

It is further understood and agreed that the student shall comply with all rules and regulations of the Avon Local Board of Education, including suggestions, recommendations, rules and regulations of chaperones and staff members, in all matters pertaining to the program or personal conduct.

I have read, understand, and accept all of the above stated conditions.

Parent Signature _____ Date _____

Student Signature _____