

Seattle Public Schools

Parent/Guardian Authorization for Day Field Trip

Directions:**SPS Staff:**

- 1) Use one form per trip.
- 2) Complete the School Portion of form on page 1.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent and student signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

Students:

- 1) Complete the "Student Agreement" on page 1.

Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:

- 1) Complete the "Authorization & Acknowledgement of Risks" section on page 2.
- 2) Complete the "Medical Authorization" section on page 2.

School Name:	Student Name:
Date(s) of Trip:	Destination:
Purpose(s):	
List of Activities:	
Supervision: (Check One) ____ Students will be directly supervised by adult chaperones on this trip at all times. ____ Students will be directly supervised by adult chaperones on this trip with the following exceptions:	
Mode of Transportation: (Check all that apply.) <input type="checkbox"/> walking <input type="checkbox"/> school bus <input type="checkbox"/> public transit <input type="checkbox"/> Other _____	
Students will leave from: _____ at _____. (where) (time)	
Students will return to: _____ at about _____. (where) (time)	
Chaperone(s) in Charge: _____	
Chaperone/Student Ratio: _____ (max. ratio for K-5, 10:1; max. ratio for Grades 5+, 15:1)	
STUDENT AGREEMENT While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the <i>Basic Rules of Seattle Public Schools – Code of Prohibited Conduct</i> . _____ Student Signature Date	

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS Student Rights & Responsibilities, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

My child is able, with appropriate accommodations if necessary, to participate in the activities described without creating a safety concern for him/herself or for other participants. Please contact the school to discuss accommodations that may be needed.

I agree to disclose to SPS any medications (over the counter and/or prescription) which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

_____ My child **DOES NOT** require medication during this trip.

_____ My child **DOES** require medication during this authorized trip.

If you checked yes, please complete and return the form "Authorization For Medication To Be Taken At School", which is available from the school nurse or on the District website.

The following statement must be read and signed by the student's parent or legal guardian:

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

Parent/Guardian Signature

Date

The parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name: _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____