



Missoula County Public Schools

2015-2016 Annual Parent/Guardian Field Trip Consent Form

Forward Thinking, High Achieving.

This Field Trip Consent Form gives Missoula County Public Schools and its staff permission to take the below named student off campus for school approved field trips for the 2015-2016 school year. This permission applies to all local field trips occurring within Missoula during the school year. This permission is valid for one school year. Parents will be notified at least one week in advance of local field trips. At this time, parents will have the option to withdraw permission for any individual field trip by completing the *Field Trip Opt-Out Notice*. If a parent or guardian signs the Opt Out Notice for a specific field trip, the Annual Field Trip Consent remains valid for all other local field trips. Separate permission will be sought for any field trips occurring outside of Missoula, including field trips within and outside the state of Montana.

If you choose not to sign this annual permission form, you will be asked to give permission for your child to participate in each field trip occurring within Missoula throughout the school year.

Section 1 - Student Information

Student/Participant's Name: _____

Date of Birth: _____ (Required in case of medical emergency.)

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Business/Work Phone: _____

Section 2 - Medical Information

Does your student have a medical condition which the teacher should be aware of before allowing the student to participate?

(Please check all that apply.)

☐ Allergies (List specific allergy i.e. peanuts, etc.) _____

Describe Allergy Symptoms/Treatment (i.e. anaphylaxis, epiPen, etc.) _____

☐ Medications (List medications student needs to have available on field trip.) _____

☐ Medical Condition (List medical condition i.e. asthma, etc.) _____

Section 3 - Consent and Liability Waiver

I hereby give permission for my student to participate in Missoula County Public School field trips during the 2015-2016 school year. I understand field trips may require transportation (*provided by MCPS*) to a location away from the school campus.

As a parent or guardian, I understand that the school and staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the District. In consideration of the District's agreement to allow my child to participate in the referenced field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of the law by a trustee, employee or agent of the Missoula County Public Schools.

In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. I authorize Missoula County Public Schools' employees or volunteers in charge of the student to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.

Parent or Guardian: _____

(Printed Name)

Parent or Guardian: _____

(Signature)

Date: _____