



Missoula County Public Schools

Field Trip Consent Form

Your child's class is participating in an educational field trip.

Forward Thinking, High Achieving.

Place: _____

Purpose: _____

Date: _____ Departure Time: _____ Arrival Time: _____

Teacher's Name: _____
(Printed Name) (Signature)

School: _____

Please return this form to the school by: _____
(Date)

Failure to return this permission form by the deadline will indicate your disapproval of your child attending the trip and alternative assignments will be made for your child at school.

Missoula County Public Schools requires parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate, please carefully read and sign this document.

I hereby give permission for my child, _____, to go with members of his/her class on the above mentioned field trip. Transportation will be provided by the District. If travel by a private car is required for this event, I understand that my child will ride with _____.

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.

Phone Numbers: In case of emergencies or unforeseen circumstances, the school should contact:

Name: _____
(Home or Work Phone #) (Cell Phone#)

Name: _____
(Home or Work Phone #) (Cell Phone#)

Does your child have a medical condition which the teacher should be aware of before allowing your child to participate on a field trip? 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.) _____

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

Parent or Guardian: _____
(Printed Name) (Signature) (Date)