

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **604.7.1P** Adopted **March 2016** Revised **November 2016**

Title **Day Field Trip – Permission Form and Waiver of Liability**

Staff member completes page 1; attach additional information/paperwork as needed.

Dear Parent/Guardian:

Your child's class is attending a field trip on _____. **Complete page 2 and return** the form to _____ by _____.

Field Trip Information

Grade/classroom/teacher: _____

Field trip date: _____ Departure time: _____ Return time: _____

Location/address of field trip:

Description of field trip:

Important information (optional):

Additional information for parents/guardians:

- If this box is checked, a **field trip fee** of \$____ is requested. No student will be denied participation for lack of ability to pay; check the appropriate box on page 2 if your child needs assistance with the fee. Make checks payable to _____.
- If this box is checked, **chaperones** are needed for the field trip. Check the appropriate box on page 2 if you would like to chaperone.
- If this box is checked, the field trip location/facility requires that you **complete a separate consent or waiver form** which is included and must be returned with this form.

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*Parents/guardians complete page 2;
return the form, fee and any additional paperwork to the identified staff member.*

Student name: _____ **Teacher name:** _____

If payment is requested for this field trip, please check one:

- Payment is enclosed. Include a check made payable to the school, cash or a money order. If you are including a donation to subsidize students who cannot pay the fee, please check the appropriate box below under **Optional Responses**.
- My child will need assistance with the field trip fee.

Emergency contact:

In the event of an emergency during the trip, please call: _____

Waiver of Claims

I (student's parent/guardian or, if student is 18 or older, student) understand this field trip involves a risk of injury to student. I freely and voluntarily assume and accept this risk for myself and on behalf of student. By signing below and in consideration of Independent School District 196 ("School District") allowing student to take part in this activity, I agree for myself and on behalf of student to waive all liability against the School District, its employees and volunteers with respect to any and all injury, disability, or damage to person or property that occurs as a result of student's participation in the field trip. This Waiver releases claims based on ordinary negligence, but does NOT release claims based upon gross negligence or willful or wanton misconduct.

Permission

By signing this form, I (student's parent/guardian or, if student is 18 or older, student) give permission for student to attend and participate in the above-described field trip. I understand that I am under no obligation to give permission for student to attend the field trip and, if I choose not to give permission, student will be expected to attend school on the day(s) of the field trip and will be provided with meaningful alternative educational activities under the supervision of staff.

Parent/guardian/adult student name (print): _____

Parent/guardian/adult student signature: _____

Optional Responses:

- I'm happy to chaperone; contact me at the following phone number or email to provide additional information: _____
- I have included a donation of \$_____ to assist students unable to pay.
- My child would like a sack lunch from the lunchroom for the field trip.
- I will arrange alternative transportation for my child to and/or from the trip; here are details so staff can plan accordingly.
- My child will not be attending the field trip and requires alternative educational activities during that time.