

Life School

Acknowledgment of Responsibility & Permission for Student Participation in Field Trip

I, _____ (parent, guardian) agree to allow my child, _____ (child's name), to attend the field trip to _____ (location) on _____ (date).

I understand that while student safety is a high priority for the District, under State law, the school is not responsible for medical cost associated with student injury.

Parent or Guardian Signature

Date

Daytime Phone Number

I will be available to participate in this field trip as a chaperon. _____

I will not be available to participate in this field trip as a chaperon. _____

For the safety of our students, adults without documentation will not be allowed to serve as a chaperon.

NOTE: The sponsors of this trip will take copies of each student's **Authorization to Secure Emergency Medical Treatment.**

Field trip money is Non-Refundable