
CONSENT FORM for Participation in Outdoor Walking Field Trips 2024-2025

Child's Name: _____ HR #: _____

Parents/Guardians Names: _____
.....**Parents/Guardians Consent and Acknowledgement of Risk**

- I accept the mode of transportation for these activities (walking).
- I accept the risks/hazards inherent in these activities and understand and acknowledge that my child may be involved in an accident and may suffer personal and potentially serious injury arising from my child's participation.
- My child may abide by the District Code of Conduct during these activities.
- I acknowledge that it is my responsibility to inform the teacher of any medical/health concerns that may affect my child's participation.
- I consent that the Board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.

My child, _____, has permission to participate in these Outdoor Walking Field Trips.

Parent/Guardian Name: _____ Signature: _____ Date: _____
(Please print clearly)

Cellphone #: _____ Email: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____
(Please print clearly)

Cellphone #: _____ Email: _____

Emergency Contact Name: _____ Relationship to child: _____
(Please print clearly)Home Phone #: _____ Cellphone #: _____ Work #: _____
.....**Student Commitment to Safety and Code of Conduct**

- I will participate in this activity to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment on this field trip.
- I will abide by the District Code of Conduct, school rules, & expectations set out by the sponsor teacher and supervisors during the field trip.
- I will report any safety, medical or health issues or injury to the sponsor teacher.

Student Name: _____ Signature: _____ Date: _____
(Please print clearly)