



PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF DAY FIELD TRIP

IMPORTANT DIRECTIONS: (1) Use one form per trip. (2) Complete the school portion (top half) of form (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

TO BE COMPLETED BY THE SCHOOL	Date(s) of Trip:	Destination:
	Departure Time:	Return Time:
	Purpose:	
	TRANSPORTATION DETAILS:	
	FIELD TRIP TYPE:	
	Zoo/Amusement /Theme Park	Museums/Galleries
	Other	
Items student should bring:		
Notes:		

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN	Print Name(s) of Parent/Guardian:		
	Parent/Guardian Work Phone:	Cell Phone:	Home Phone:
	Emergency Contact Person:	Phone #	
	Physician/Health Insurance Name/Phone:	Health Ins Policy Number (optional):	
	STUDENT'S CRITICAL HEALTH NEEDS/ALLERGIES/HEALTH CONDITIONS:		

STUDENT AGREEMENT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student Name (please print)	Student Signature	Date
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PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees of the Liberty Public School District, acting as chaperones, for the days indicated. I/We will not hold the Liberty Public School Board nor their agents or employees accompanying the group responsible for any accident or injury to my child except as caused by the negligence of the School Board, its employees and agents.
- In the event my child causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless the Liberty Public School Board, its agents and employees.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.
- I/We hereby grant permission to the attending physician and/or other medical care providers, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization and/or medical transportation.
- I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.
- I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

Home Telephone#	Work Telephone#	Pager / Cell Phone#	Emergency Telephone #
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Parent/Guardian Name (Please Print)	Parent/Guardian Name (Signature)	Date	Home Address / City / Zip
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If unable to reach parent/guardian, please notify:

Name	Phone	Relationship
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