

**FIELD/ACTIVITY TRIP - PARENT/GUARDIAN PERMISSION FORM
ASSUMPTION OF RISK / PERMISSION TO PARTICIPATE**

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Field Trip Destination: _____ Purpose: JOB SHADOW

I hereby give my permission for: _____ who attends: Henderson Bay HS
(Print student's name) (School name)

To participate in a field trip on _____ from _____ to _____
date time time

Type of Transportation:

_____ District vehicle by District staff

_____ District is not providing transportation. Parent arrange transportation for their student.

Other, e.g. - walk, metro bus, commercial: Description: _____

Student's address: _____

Parent's Phone: Home: _____ Cell: _____

Student birthdate: _____

Family Physician: _____ Phone #: _____

Medical conditions, medication information or allergies the District should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name: _____ Phone #: _____

I understand that all building and District policies are in effect on this trip. I understand that this is a building sponsored activity and is governed by the Policies and Procedures of the Peninsula School District.

- I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Peninsula School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.
- I certify that my child has no medical or physical conditions which could interfere with his/her safely in this activity.
- I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
- In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

My child has medical/accident insurance (circle one): Yes No

(To be completed by PSD staff) Required attachments checked below (high-risk activities such as aircraft or watercraft use are excluded; no motorized vehicles w/o Risk Manager's authorization):

___ Risk Manager's authorization for high risk activity

Being fully informed as to these risks, I hereby consent to my student participating in Job Shadow Day:

Signature of Parent/Guardian

Date

Work/daytime Phone(s)