

EAST STROUDSBURG AREA SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM
AND
PARENT/GUARDIAN HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT

Dear Parent/Guardian:

In anticipation of your student's upcoming field trip, we provide the following information. This agreement is entered into with the full understanding that the field trip may involve activities which, by their very nature, may be hazardous and under circumstances which render individual supervision difficult. Fully acknowledging this, your signature gives permission for your son/daughter to attend the field trip.

Name of Staff Member in Charge \_\_\_\_\_ School \_\_\_\_\_

Specific Site of Departure \_\_\_\_\_

Specific Site of Return \_\_\_\_\_

Destination and Description of Trip:
\_\_\_\_\_
\_\_\_\_\_

Date of Trip \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Estimated Hours of Trip: From \_\_\_\_:\_\_\_\_ \_\_\_\_ M (Depart)

Grade/Class \_\_\_\_\_ To \_\_\_\_:\_\_\_\_ \_\_\_\_ M (Return)

Cost to Student (if any) \_\_\_\_\_

As per Board Policy No. 121, students must have written parental permission to attend a field trip. Such parental permission must be obtained before any student may be removed from school for a field trip. Parental permission is required for student-athletes if an overnight stay is part of the trip. School district staff may inspect students' belongings (e.g., personal property, purses, briefcases, backpacks, bags, luggage, footlockers, cases, instrument cases, duffle bags, suitcases, and similar items). Such inspections may occur at any time during the trip.

The parent(s)/guardian(s) must supply the following information for all students attending this field trip by completing this form and returning to the school on the due date prior to the trip.

Due Date: \_\_\_\_\_

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_
(Street) (City) (State) (Zip)

A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS ON THE DAY(S) OF THE ACTIVITY:

Parent/Guardian #1: Name: \_\_\_\_\_
Home # (\_\_\_\_) \_\_\_\_\_
Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2: Name: \_\_\_\_\_  
Home # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

**PERSON(S) TO CONTACT IF A PARENT OR GUARDIAN CANNOT BE REACHED:**

Contact #1: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

PLEASE LIST CURRENT MEDICAL CONCERN: \_\_\_\_\_

PLEASE LIST ANY CURRENT MEDICATIONS: \_\_\_\_\_

PLEASE LIST ANY KNOWN ALLERGIES: \_\_\_\_\_

**In compliance with school district policy, no student is permitted to carry any form of medication unless they have a self-carry order from their Private Health Care Provider for inhaler or epinephrine.**

I/We hereby give my/our consent for \_\_\_\_\_ to attend  
(Name of Student)  
\_\_\_\_\_ on \_\_\_\_\_. I/We understand the cost of the trip for  
(Destination of Field Trip) (Date of Field Trip)  
my child to be \_\_\_\_\_.  
(Amount)

I/We waive any and all claims against the East Stroudsburg Area School District (school district) for any personal injury which might occur. In case of accident, illness, injury or emergency, I/we authorize the officials of the school district to contact directly the persons named on this form. In the event parent(s)/guardian(s), physician, or other persons named on this form cannot be contacted, I/we, the undersigned, authorize school officials to take whatever action is deemed necessary for the health and safety of my/our student and to consent to any ambulance or other emergency vehicle transportation, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the above-referenced student under the general and special supervision, and on the advice of a physician and/or surgeon listed under the provisions of the Medical practice Act of 1985, 63 P.S. SS422.1 or, if in another state or country, the law governing the practice of medicine.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s) Date

**Agreement to Field Trip Rules:**

I/We the parent(s)/guardian(s) of \_\_\_\_\_ acknowledge that I/we are responsible for  
(Name of Student)  
my/our child's behavior and should my/our child violate school and/or trip rules, he/she may be sent home at my/our expense. I/We also agree that all school rules, regulations and policies as may be in effect at the time of any field trip shall remain in full force and effect for all students participating; and violations of such rules, regulations and policies shall be subject to such disciplinary actions as may be provided for in such rules, regulations and policies. My/Our signature below signifies our agreement to the above and certifies that I/we have informed my/our child as such.

\_\_\_\_\_  
(Signature of Parent(s)/Guardian(s) (Signature of Student)