MINNEAPOLIS PUBLIC SCHOOLS
Urban Education. Global Citizens.

EXTENDED FIELD TRIP – NATIONAL/INTERNATIONAL TRAVEL PARENT/ GUARDIAN AUTHORIZATION FORM

Student Full Name _____ Student ID No. _____

Parent or Guardian Name(s) PLEASE PRINT

A field trip to: _____

Is planned by: _____

For the purpose(s) of: _____

On:

_____ ***To*** _____

Time of Beginning ***Date Beginning*** ***Time Ending*** ***Date Ending***

The undersigned parent(s) or guardian(s), on behalf of the above named student in consideration of participation by the student in the described trip herewith declare(s):

1) ***That I have disclosed all special health problems or disabilities of my child that may require special attention or supervision on this field trip, and made provision for the safe handling of any medication required by my child;***
2) ***That the necessary arrangements, plans, supervisory arrangements and precautions being taken on behalf of my child's safety and supervision for the described trip have been explained to me and accepted by me.***
3) ***That by signing this authorization agree to assume all risks of said trip to my student and to hold harmless Special School District No. 1 for all damages from injury to person or property arising out of any act not under the direct control of said School District, including but not limited to the following:***

   a. ***Insurrection, Revolution, Civil War or rebellion***
   b. ***Abduction or kidnapping***
   c. ***Natural disaster***
   d. ***Any act of aggression by a foreign government or its citizens,***
   e. ***Air piracy***
   f. ***any act, whether accidental or otherwise perpetuated by anyone not under the direct control of the School District.***

4) ***That the costs of said field trip have been explained to me and approved by me, including the liability for additional costs incurred by my student for early return or medical care or treatment, loss of travel documents or due to costs incurred due to acts of my student whether of intent or negligence.***

On the basis of the above, I /We authorize the above named student to participate in the field trip described.

Parent/ Guardian Signature _____ Date _____

HOME (preferred contact number) ***Alternate Phone (Work/ Cell)*** ***Alternate Phone # 2 (Work/ Cell)***

Telephone Numbers :

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Address: HOME addresses of all signers

EMERGENCY Name and telephone contact if parent/guardian cannot be reached