FIELD TRIP PERMISSION FORM

This field trip form is valid for Single Use only.

We, t	he unders	igned Parent(s)/Guar	_ do hereby give our permission		
and o	onsent fo	our child to attend the	•	udent's Name)	
School/Gra	ade:	6th Grade Choir	Date:	11/21/2024	
Location:	Centra	l High School	Time:	1:30-2:45	
Field trip F	ee:	none	Transp	ortation: bus	S
 It is u The S violati The s omiss descri in the The s indem agent or dar This f 	nderstood of the cons may restudent and the cons of the constant o	that the student must all de of Rights and Responsult in having students at parent(s)/guardian(s) are student or other student of this document and all parent(s)/guardian(s) old harmless and waive inteers, including but no property occurring rmission form must be	bide by the directions of consibilities and the Consent home at the pareracknowledge and fully dents, associated with I/we assume liability a acknowledge that as e any and all claims and limit to, claims of new goduring or by reason of the considerations.	given by the instru- Curricular Activity of the system of the understand that an any field trip and responsibility of the school gligence of any of the student particular actions are supported to the student actions are supported to the student particular actions are supported to the student particular actions are supported to the student particular actions are supported to the suppor	ties Code will apply during field trips. Serious
District of La Comedical or sur special supervirendered at the It is understood given to provistreatment, or school district benefit of the interest Every effort with STUDENT NA ADDRESS:	crosse super gical diagnosion of, any electric of section of that this de authorist hospital castaff has the mode of the made of the made of the mode	Parent/Guardian of the ervising the activity condosis or treatment and y physician and surgeor aid physician at the said authorization is given it by and power on the pre which the physician he authority to call for dent, as the staff person to contact parents or guardian authority of the parent to not	cerned, as agent for the hospital care which is non the medical staff dhospital. In advance of any specipart of the aforesaid in the exercise of his emergency medical tendems necessary. It was not be a marked to be a	ent minor do her e undersigned, to deemed advisab of any licensed herific diagnosis, treagent to give spayed by the best judgmeransportation or nature of the prolectory PHONE TOR/HOSPITAL is if the medical	reby authorize the staff member of the School consent to any x-ray examination, anesthetic, le by, and is to be rendered under general or cospital whether such diagnosis or treatment is eatment or hospital care being required but is ecific consent to any and all such diagnosis, ent may deem advisable. Also, the authorized provide transportation himself/herself, for the blem prior to any involved treatment. NO
health condit	ions since	last reported to the	school.		the student's medications, allergies, or
Date:		Parent/G	uardian Signature:_		
		y member of the immed Phone			ase the parent/guardian cannot be reached. ht:

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored.

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we, the unders	signea Pa	irent(s)/Guardian of		ao nereby give our permission
and consent fo	r our chil	d to attend the followi	(Student's Nar ng field trip:	ne)
School/Grad	de:	7th Grade Choir	Date:	11/21/2024
Location:	Centra	l High School	Time:	7:45-9:00
Field trip Fe	e:	none	Trans	portation: bus
 It is und The Stuviolation The student omission described in the alignment of the student of the stude	derstood to derstood to dent and ins of the ded as particitivity. In and to defend and voluage to per defend and voluage to per defend and defe	that the student must abide of Rights and Responsult in having students separent(s)/guardian(s) are student or other student of this document and I parent(s)/guardian(s) are old harmless and waive inteers, including but not resonal property occurring mission form must be s	ide by the directions insibilities and the Corent home at the parecknowledge and fully ents, associated with we assume liability acknowledge that as any and all claims a limit to, claims of neduring or by reason	n this field trip we understand and agree to the following: given by the instructor at all times. o-Curricular Activities Code will apply during field trips. Serious nts/guardian expense. or understand that there are inherent risks, including the acts of the any field trip activity and that all inherent risks cannot be and responsibility for any such risks associated with participation a condition of the student's participation in this activity, I/we against the School District of La Crosse, its officers, employees agligence of any officer, employee, agent or volunteer or any loss of the student participating in this activity. Illurardian and be on file with the instructor before the student will
District of La Cromedical or surgispecial supervision rendered at the of It is understood given to provide treatment, or hoschool district standard benefit of the inverse effort will leave to school will be the surgice of the inverse effort will leave to school district standard benefit of the inverse effort will leave to school district standard benefit of the inverse effort will leave to school district standard benefit of the inverse effort will leave to school district standard benefit of the inverse to school district standard benefit standard benefit of the inverse to school district standard benefit stan	osse supe ical diagn on of, any office of s that this e authoritiospital cautaff has too lived stube made to some supplements.	Parent/Guardian of the a rvising the activity conceosis or treatment and hyphysician and surgeon aid physician at the said authorization is given in any and power on the pre which the physician is the authority to call for dent, as the staff person to contact parents or guardian in the authority to call for dent, as the staff person to contact parents or guardian in the authority to call for dent, as the staff person to contact parents or guardian in the staff person to contact parents or guardian in the staff person to contact parents or guardian in the staff person to contact parents or guardian in the staff person to contact parents or guardian in the staff person to contact parents or guardian in the staff person to contact parents or guardian in the said authorization in the said authorization is given in	bove mentioned studerned, as agent for the ospital care which is on the medical staff hospital. advance of any speart of the aforesaid on the exercise of hiemergency medical deems necessary. Indians to explain the	D TREATMENT OF STUDENT dent minor do hereby authorize the staff member of the School ne undersigned, to consent to any x-ray examination, anesthetic statement deemed advisable by, and is to be rendered under general of of any licensed hospital whether such diagnosis or treatment is cific diagnosis, treatment or hospital care being required but is agent to give specific consent to any and all such diagnosis s/her best judgment may deem advisable. Also, the authorized transportation or provide transportation himself/herself, for the nature of the problem prior to any involved treatment. RGENCY PHONE NO
ADDRESS:			FAMILY DO	CTOR/HOSPITAL:
the school year	ar. Pleas		there have been	es if the medical condition of the student changes during any changes in the student's medications, allergies, or
Date:		Parent/Gu	ardian Signature:_	
				be contacted in case the parent/guardian cannot be reached. tionship to Student:

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored.

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We, the undersigned	Parent(s)/Guardian of	do hereby give our permission
and consent for our c	hild to attend the following fi	(Student's Name) eld trip:
School/Grade:	8th Grade Choir	Date: 11/21/2024
Location: Cent	ral High School	Time: 9:00-10:15
Field trip Fee:	none	Transportation: bus
 It is understood The Student Of the violations may The student are omissions of the described as point the activity. The student are indemnify and agents, and voor damage to pool to provide the student of the	d that the student must abide by code of Rights and Responsibility result in having students sent had parent(s)/guardian(s) acknow the student or other students, art of this document and I/we are not parent(s)/guardian(s) acknow hold harmless and waive any solunteers, including but not limit personal property occurring during permission form must be signed	It to participate in this field trip we understand and agree to the following: It the directions given by the instructor at all times. It is and the Co-Curricular Activities Code will apply during field trips. Serious ome at the parents/guardian expense. In which is a serious of the parents of the participation of the parents of the parents of the participation of the parents of t
District of La Crosse su medical or surgical dia special supervision of, a rendered at the office of It is understood that th given to provide author treatment, or hospital of school district staff has benefit of the involved of Every effort will be mad	d Parent/Guardian of the above pervising the activity concerned, gnosis or treatment and hospitality physician and surgeon on the said physician at the said hospitis authorization is given in advaprity and power on the part of care which the physician in the authority to call for emergitudent, as the staff person deen e to contact parents or guardians.	ance of any specific diagnosis, treatment or hospital care being required but is f the aforesaid agent to give specific consent to any and all such diagnosis e exercise of his/her best judgment may deem advisable. Also, the authorized gency medical transportation or provide transportation himself/herself, for the
		FAMILY DOCTOR/HOSPITAL:
the school year. Plea		hool authorities if the medical condition of the student changes during re have been any changes in the student's medications, allergies, or l.
Date:	Parent/Guardia	nn Signature:
		amily that could be contacted in case the parent/guardian cannot be reached. Relationship to Student:

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