CINCINNATI PUBLIC SCHOOLS | PREPARING STUDENTS FOR LIFE

FIELD TRIP PERMISSION TO PARTICIPATE FORM

(For use in ALL Field Trips – Local, Outside of the City Limits and International Travel)

School Name: _____ **Date:** _____

Administrator/Teacher in Charge: _____ **Room Number/Grade:** _____
Office/Mobile Numbers: _____

DESTINATION: _____

Student Name: _____ **Date of Birth:** _____

1. **Site to be visited and the location:** _____
2. **Date(s) of field trip:** _____ **Departure Time**_____ **Return Time:** _____
3. **Purpose of Trip:** _____
4. **Student Activities:** _____
5. **Mode of Transportation:** _____
6. **Students must be able to:** _____
   (Describe above any special requirements necessary for the trip ex: ability to swim)

Additional items:
Packed Lunch: _____ yes _____ no

Cost/Fee for Field Trip: _____ (submit cash no later than _____)

Expectations and Instructions: The student and I understand the following:

1. To follow instructions given by Administrator/Teacher in Charge.
2. Not to leave or separate from the group without appropriate authorization from Administrator/Teacher in Charge.
3. Comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession of drugs and/or alcohol. POSSESSION AND/OR USE OF DRUGS AND/OR ALCOHOL IS ABSOLUTELY PROHIBITED.
4. Follow all board policies, the District's Code of Conduct, school rules, and regulations at all times.
5. Follow the customary standards of good citizenship, good decorum, and common courtesy.

If any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent/guardian contacted to retrieve the student, and disciplinary action imposed.

_____ _____
Signature of Parent/Guardian **Signature of Student**

_____ _____
Date **Date**

Student Permission from Teachers:

Bell	Course	Teacher's Signature	Bell	Course	Teacher's Signature
1			5		
2			6		
3			7		
4					

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Does your child have any disabilities that may require any special accommodations? ___ yes ___ no

If yes, please specify below or provide additional documentation:_____

_____

Does your child have a medical condition where medication may be needed while on the field trip, such as an inhaler, etc.? ___ yes ___ no **and/or** any food allergies? ___ yes ___ no

If yes, please specify below or provide additional documentation: _____

_____

EMERGENCY CONTACTS:

Parent/Guardian: _____ **Home/Mobile Numbers:** _____

Parent/Guardian: _____ **Home/Mobile Numbers:** _____

Address:_____

Name of Insurance Company:_____

Group/ID Number:_____ **Phone Number:**_____

Other Emergency Contacts:

Name: _____ **Home/Mobile Numbers:** _____

Name: _____ **Home/Mobile Numbers:** _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for emergency medical treatment of my child due to illness or injury by a licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of a licensed physician or dentist, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:_____

_____

_____

I release and waive, and further agree to indemnify, hold harmless the Board of Education, the individual members, agents, employees and representatives thereof, as well as trip administrator/teacher in charge, from and against, any claim which I, any other parent or guardian, any sibling, the student or any other person may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical treatment, if any.

_____ _____

Signature of Parent/Guardian **Date**

(OGC revised 8/26/2019)