

Innovative *Learning* Connections

Field Trip Permission, Waiver and Release

Student Name:

Parent/Guardian Name:

Field Trip Information

Event & Location:

Date:

Depart (Time/Location):

Return (Time/Location):

Cost:
\$

Meals: Included
 Bring Lunch Bring Cash

Transportation:
 Parent Car Teacher Car

Emergency Contacts– Day of Field Trip

Teacher/Chaperone: Annetta Carpenter Phone: 928-965-7665

Parent Guardian 1 Name & Relationship:
Phone #:

Parent Guardian 2 Name & Relationship:
Phone #:

Medical Information

Insurance Carrier Group# Member ID#

Special Medical Instructions, Current Medications or Medication Allergies: None

Authorization to Participate and Obtain Medical Treatment:

As the guardian of the above-named student, I give permission for my child to attend and participate in the field trip. S/He will abide by the rules set forth by the Teacher/Chaperone. I understand that neither Innovative Learning Connections nor its representative(s) or chaperone(s) will be responsible for personal injury to my child nor loss/damage of her/his personal property.

If any illness or injury occurs, I authorize Innovative Learning Connections and/or its representative to obtain emergency medical treatment for the above-named student at the closest medical facility unless instructed otherwise by paramedics or emergency personnel.

Guardian Printed Name:

Guardian Signature:

Date: