

Corvallis High School

FIELD TRIP PERMISSION

Corvallis High School teachers take advantage of the exceptional educational opportunities available to students by exploring our world by way of field trips. Past trips have included travel to Charles Waters Wilderness, Teller Wildlife Refuge, the U of M, Lost Trail Ski Resort, and Lake Como, along with local trips to museums, parks, private ranches, farms and businesses in the Corvallis area. This Field Trip Permission Slip will allow your child to travel with the class on school-sponsored and adult supervised field trips during this school year. Your signature also allows your child to travel on school provided transportation, when applicable. Teachers will be responsible for providing specific information regarding individual trips (i.e., place, date, time, appropriate clothing, any fees, etc.) allowing Parents/Guardians ample time to decide whether or not to allow the child to participate in a particular field trip.

All students are expected to ride to the activity on district provided transportation. Parents/Guardians may request for their student to ride home with them after the event. Classroom teachers may have specific school work or behavior related criteria which determines whether a student may or may not participate in a field trip.

As a parent or guardian, I understand that the school and staff will do everything possible to prevent any accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in any field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in the field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Corvallis School District #1. In the event it becomes necessary for a supervising staff member to obtain emergency care for my child, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

RELEASE FOR EMERGENCY MEDICAL TREATMENT

In case of injury to my child, I hereby authorize a supervising staff member from Corvallis School District #1 to consent to a medical examination and treatment upon the advice of a physician or emergency medical personnel licensed to practice in the State of Montana. I understand that I will be notified at the earliest possible opportunity, but this authorization will allow treatment until I arrive. I also understand the expenses incurred from any such treatment will be my responsibility. I understand the school does not carry accident insurance and any expense incurred for injuries while on campus or traveling on field trips are my responsibility.

Parent/Guardian Name: _____ Mobile #: _____

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If Parent cannot be reached:

Emergency Contact Name: _____ Mobile #: _____

I give permission for my child to participate in school-sponsored field trips during the school year.

Student Name (Printed): _____ Student Mobile #: _____

Parent Signature: _____ Date: _____