



PARENT AUTHORIZATION FOR STUDENT FIELD TRIP

This form must be on file prior to the **trip**. Under **NO** circumstances will the student be permitted on the **field trip** if the form is not on file with the parent/custodian signature.

Student Name: _____

Destination and Purpose: _____

Date of **Trip**: _____ Departure Time: _____ Return Time: _____

Method of Transportation: _____

Supervising Teacher/Sponsor: _____

Medical Conditions/Medications: _____

PARENT APPROVAL

The parent/custodian(s), by acknowledging this **field trip authorization**, fully understands and recognizes that the student's participation in this **field trip** is **strictly voluntary**, **not** required attendance.

All persons making the **field trip** or excursion shall be deemed to have waived all claims against River Oaks Academy for injury, accident, illness, or death occurring during or by reason of the **field trip** or excursion. All adults taking **field trips** or excursions and all parents or custodians of pupils taking **field trips** or excursions shall sign a statement waiving such claims.

Field Trip Regulations:

1. Students shall obey all transportation rules while on the **trip** including returning to school by the same form of transportation as departure, unless prior written permission is granted by site administrator to return with parent/custodian.
2. Students shall comply with all applicable River Oaks Academy rules throughout the course of the **field trip**.
3. Students may be denied future **field trips** and be sent home, at the parent/custodian(s) expense, if **field trip** rules are not observed.
4. Sponsors and adult chaperones will discuss **field trip** rules and safety with students prior to the **field trip**.
5. Sponsors will be responsible for obtaining all **field trip authorization** forms, as well as transporting this information on the **field trip**.

I certify that all **Emergency Medical Information** on file with River Oaks Academy is current as of the date of this **trip**. If an injury or medical emergency occurs during the **Field Trip**, a Supervising Teacher, Sponsor or chaperone has my express permission to administrate or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem responsible or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Custodian Signature

Date