

Ridgway Area School District

FIELD TRIP CONSENT FORM

What is the Purpose of the Form?

This form is to be used by an advisor/teacher to obtain permission from parents for a student to participate in a field trip.

Who Should File the Form?

The advisor/teacher should complete the top portion of the form including *Name of Student, Destination, Type of Transportation, and Time and Date of Departure and Arrival*. The form will then be delivered to the parent for completion of signature portion. The advisor/teacher should maintain a copy of this form and return the original to the office.

When Should the Form be Filed?

The form should be filed for each student on the field trip with the school office prior to the field trip.

Revised: February 2010

RASD**RIDGWAY AREA SCHOOL DISTRICT
FIELD TRIP PARENT CONSENT FORM****RASD****Ridgway, PA 15853**

No student will be allowed to participate in a Field Trip sponsored by the Ridgway Area School District without a signed Parent Consent Form on file in the school office.

I give my consent for _____ to go to
Name of Student

Destination

- ☐ Transportation will be provided by private motor coach funded by students.
- ☐ Transportation will be provided by Auto/Van, driven by adults over the age of 21.
- ☐ Transportation will be provided by the Ridgway Area School District.

(Check one)

My child will leave at _____ and return at
Time and Date

approximately _____
Time and Date

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. I waive any claim for liability against the Ridgway Area Board of School Directors and its employees and/or representatives. I also release them from all liability in connection with this trip.

It is further understood that if this Parent Consent Form is signed by one of two parents or guardians, it is with the authority of the other.

Students are expected to attend school the following day at the regular times unless a doctor's excuse is provided. If a student is absent from school, that student is not to practice that day. On the day of a game, the student must be in school the entire day if they wish to compete. If they have an appointment the day of a game, they are to make arrangements with the Athletic Director.

By signing this form I give the chaperones the authority to act in my place if a medical emergency arises.

Date of Signature

Signature of Parent or Guardian

Telephone Number

Address

RASD

AUTHORIZATION FOR TRANSPORTATION AND TREATMENT

RASD

20__ - 20__

THIS FORM MUST BE SIGNED BY THE PARENT/GUARDIAN & RETURNED TO THE SCHOOL OFFICE
AS PART OF THE OUT OF COUNTY FIELD TRIP PERMISSION FORM. **THIS FORM
MUST BE TURNED IN PRIOR TO THE STUDENT BEING ELIGIBLE
TO PARTICIPATE IN A FIELD TRIP.**

We here by authorize school personnel to transport _____, grade
(STUDENT'S NAME)
_____, to a physician's office and/or emergency room for treatment in the event that
emergency medical care is needed while the student is participating in a field trip.

Further, we authorize the physician and hospital staff to treat our son/daughter, as they deem
necessary in an emergency situation.

Insurance Carrier _____ Identification Group # _____

Home Phone Number _____ Work Phone Number _____

In the space provided below, please list any allergies, past operations and/or information you feel that the
chaperones need to know about your son/daughter.

NOTE: The Ridgway Area School District DOES NOT provide student medical insurance coverage for any out of
county field trips.

My signature provides understanding and authorization of the above stated information.

Parent/Guardian Signature

Date

