PARENT CONSENT FOR PARTIALLY-UNSUPERVISED TRIP

I, _____ (Parent's Name), permit my child,

_____, to participate in the trip to

_____.

☐ I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

☐ I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

☐ I further understand that the following activities associated with this trip are such that my child cannot be supervised by school staff during certain segments of the trip:

_____

_____

_____

_____

_____

_____

_____

_____

☐ I agree that I have been adequately informed about the unsupervised portion of the trip and shall hold the District harmless from any liability for my child's welfare while s/he is participating in those unsupervised activities.

_____
Parent

_____
Date

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