



PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP
ARTSWEST SCHOOL

GENERAL INFORMATION

ArtsWest is planning a trip to _____
 Purpose of trip _____
 Trip Destination _____ Place of Lodging _____
 Address _____ Phone _____
 We will leave from _____ at _____ am/pm on (date) _____.
 We will return on (day) _____ (date) _____ at _____ am/pm.
 Type of Transportation:
 ArtsWest Vehicle ___ Parent Vehicle ___ Commercial Transportation ___ Other _____
 This activity provides a learning experience for the students and allows them an opportunity to enhance the learning objectives for the class. If you have questions or concerns about this activity, see contact below.
 Responsible Teacher _____ Phone _____
 Emergency Contact for Trip _____
 Itinerary is attached _____ List of items needed is attached _____

-----Please cut on dotted line and return bottom portion.-----

Student Name _____ Teacher _____

MEDICAL INFORMATION

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

 The following medications, prescriptions, or special diets are needed. _____

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent / Guardian Name _____ Day Phone _____

Emergency Contact _____ Emergency Phone _____

Signature of Parent _____ Date _____

Parent/guardian signature reflects his/her knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.