

Parental Consent and Agreement for School Trip Participation

Introduction

This document outlines the terms and conditions under which [School Name] will permit [Child's Full Name], a student in [Grade Level], to participate in the school trip to [Destination] on [Date(s) of Trip]. By signing this agreement, the parent(s) or legal guardian(s) acknowledge and agree to the following provisions.

Trip Details

Destination and Purpose

The school trip will be to [Destination]. The purpose of this trip is [Clearly state the educational or recreational purpose of the trip].

Dates and Times

The trip will commence on [Start Date] at [Start Time] from [Departure Location] and will conclude on [End Date] at approximately [End Time] at [Return Location]. Any changes to these times will be communicated to parents/guardians as soon as possible.

Supervision

Students will be supervised by [List of Teachers/Chaperones]. The student-to-chaperone ratio will be approximately [Ratio]. Chaperones will be responsible for ensuring student safety and adherence to school rules and regulations.

Parental Consent

Permission to Participate

I/We, the undersigned, being the parent(s) or legal guardian(s) of [Child's Full Name], hereby grant permission for my/our child to participate in the school trip to [Destination] on [Date(s) of Trip].

Medical Information and Authorization

I/We certify that my/our child is in good health and able to participate in the activities planned for the trip. I/We have provided accurate and complete medical information regarding my/our child, including any allergies, medical conditions, medications, and special needs, in the attached medical information form.

I/We authorize the school staff and chaperones to administer first aid and seek medical treatment for my/our child in the event of an emergency. If medical treatment is required, I/we understand that every effort will be made to contact me/us first. However, if I/we cannot be reached, I/we authorize the school staff and chaperones to consent to necessary medical treatment, including hospitalization, surgery, or anesthesia, as deemed necessary by a qualified medical professional.

Emergency Contact Information

In case of emergency, please contact:

- Primary Contact: [Name], [Phone Number], [Relationship to Child]
- Secondary Contact: [Name], [Phone Number], [Relationship to Child]

Insurance Information

My/Our child is covered by the following health insurance:

- Insurance Company: [Insurance Company Name]
- Policy Number: [Policy Number]

Student Conduct and Responsibilities

Code of Conduct

My/Our child understands and agrees to abide by all school rules and regulations during the trip, including those related to behavior, safety, and respect for others. Any violation of these rules may result in disciplinary action, including being sent home at my/our expense.

Personal Belongings

My/Our child is responsible for their own personal belongings. The school is not responsible for lost, stolen, or damaged items. Students are advised not to bring valuable items on the trip.

Financial Responsibility

I/We understand that I/we are responsible for any costs associated with my/our child's participation in the trip, including the trip fee of [Amount] and any additional

expenses incurred due to my/our child's actions or negligence.

Release of Liability

Assumption of Risk

I/We understand that participation in the school trip involves certain risks, including but not limited to accidents, injuries, and illnesses. I/We voluntarily assume these risks on behalf of my/our child.

Waiver of Claims

To the fullest extent permitted by law, I/we hereby release, waive, and discharge [School Name], its employees, agents, and volunteers from any and all claims, liabilities, damages, costs, and expenses arising out of or in any way connected with my/our child's participation in the school trip, including but not limited to claims for negligence.

Agreement and Signature

By signing below, I/we acknowledge that I/we have read, understood, and agree to all of the terms and conditions outlined in this Parental Consent and Agreement for School Trip Participation.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Student Signature: _____ Date: _____

Student Printed Name: _____

Medical Information Form (Attachment)

Please complete the following information and attach it to this agreement.

- Child's Full Name: _____
- Date of Birth: _____
- Allergies (Food, Medications, etc.): _____
- Medical Conditions: _____
- Medications (Dosage and Frequency): _____

- Special Needs:
- Physician's Name:
- Physician's Phone Number:
- Other Relevant Information: