

Crimson Cliffs High School

Request for Field Trip/Club Event Leave

Dear Parent/Guardian,

Your child has been invited to participate in a field trip activity to _____ on _____ (Date)

It is anticipated that your student will participate in the following activity(ies):

It is the intent that this trip will accomplish the following educational purpose(s):

My child has a medical condition requiring medical accommodations: Yes No

The following health concerns should be noted, and adequate precautions taken (list allergies, medications, special diets, diabetes, heart disease, hemophilia, etc.)

Your signature below indicates your consent for your child to participate. It, also, indicates that you understand that if any injury occurs, the school will make reasonable efforts to contact you. In the meantime, you give permission, in the event of injury, that your student may receive emergency medical aid, anesthesia, and/or operation if, in the opinion of the attending physician, such treatment is medically necessary.

Student Name: _____ **Parent/Guardian Signature:** _____ **Date:** _____

Student Contract:

As a participant in the _____ field trip, I will fully comply with the instructions and rules set forth by the program advisor(s). I agree to use my best judgment in all activities of the program and will treat others with respect at all times.

Student Signature: _____ **Date:** _____

Each student will be responsible for their own transportation to and from the competition.

• Mr./Ms. _____ will in no way be responsible for student's transportation to or from this field trip, make arrangements necessary to be there.

• Students are prohibited from driving other students. Your signature below indicates your consent for your child to participate. Your student commits to obey all driving laws. It also indicates that you understand that if any injury occurs, the school will make reasonable efforts to contact you. In the meantime, you give permission, in the event of injury, that your student may receive emergency medical aid, anesthesia, and/or operation if, in the opinion of the attending physician, such treatment is medically necessary.

Student Name: _____ Student Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

Best Phone Number to Reach You: _____