

**PROCEDURE 2320P EXHIBIT A
PARENT AUTHORIZATION
AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP**

(This form and an attached **field trip description** are required for all field trips that are not overnight or out of state)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

Name of Student and Student Id# _____	
Date(s) of Trip: _____	Destination: _____
Purpose: _____	

(Name of Employee) _____

Is the District employee responsible for the trip and may be accompanied by other District staff and approved volunteer chaperones. They have my permission to do so.

An itinerary for the trip (detailing dates, place of lodging, chaperones events, etc.) is attached for your information.

TRANSPORTATION BEING PROVIDED BY (Check all that apply)

- Walking School Bus Commercial Carrier Private Vehicle
 Leased Vehicle District Vehicle

DRIVERS OF DISTRICT, PRIVATE OR LEASED VEHICLES (Check all that apply.)

- Parent Teacher or Staff Member Other

If travel by private car is involved, your student will ride with _____
(Name of Driver)

(Telephone Number)

Please Note: School Staff ensure that all drivers and vehicles are approved by the District Transportation Department prior to transporting students.

Pupil Agreement

While participating in this field trip I will accept responsibility for maintaining good conduct, and I will follow the directions of supervisors/chaperones at all times. Any misconduct defined as exceptional under Procedure 3241P (Classroom Management, Corrective Actions and Punishment) may result in my being sent home at the expense of my family.

Signature of Student _____
Date

Signature of Parent/Guardian _____
Date

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

If an emergency situation involving illness and/or injury should arise, the District staff member in charge has my permission to seek the aid of a health professionals for emergency care.

In the event it becomes necessary for the Bellevue district staff in charge to obtain emergency care for your student, neither s/he nor the Bellevue School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I understand that participation in this field trip is voluntary, that it is not required, and that it may expose my child to some risk(s). I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip. I also understand that participation in the field trip will involve activities off school property; therefore, neither the Bellevue School District, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.

In the event of an emergency (injury, illness) we wish the following person to be notified in case the parent cannot be contacted:

(Name of Person) _____
(Telephone Number)

I give permission for _____ to participate in this field trip.
Name of Student

Signature of Parent or Guardian _____
Date

(Printed Name of Parent/Guardian) _____
(Telephone Number)

Date: 6.8.18

TO BE COMPLETED AT HOME