

Overnight Trip Permission Form

To enrich our curriculum and provide an enhanced educational experience beyond the classroom setting, we have scheduled an overnight trip to the destination listed below. Students are required to have advance written permission to attend. Please complete the following steps to confirm whether your student will be allowed to participate.

- Step 1: Review the Overnight Trip Information provided.
- Step 2: Complete the Student Information section in full.
- Step 3: Complete the Parent/Guardian Signature section in full.
- Step 4: Initial the Participation Permission for which you give your approval.
- Step 5: Return your completed form by _____.

Overnight Trip Information	
Destination/ Transportation	
Departure Date/Time	
Return Date/Time	
Coordinator Name/Title	
Coordinator Phone/Email	
Participation Costs/Fees	
Important Notes/Supplies	

Student Information	
Full Name	
Emergency Contact 1 Name/Phone	
Emergency Contact 2 Name/Phone	
Medical Considerations	

**Overnight Trip
Permission Form**

Parent/Guardian Signature	
Full Name	
Signature	
Date	

Participation Permissions	Initials
<p>I give permission for my student to participate in this field trip.</p> <p><i>As such:</i></p> <ul style="list-style-type: none"> ✓ <i>I agree to pay the fees required for my student's participation in this field trip.</i> ✓ <i>I authorize my student's teacher, an adult in whose care the minor child has been entrusted during the field trip, to do any acts which may be necessary or proper to provide for the health care of the minor child, including but not limited to the power to: (1) provide for health care at any hospital or other institution and employ any physician, dentist, nurse, or other person whose services may be needed for such health care; and (2) consent to and authorize any health care, including administration of anesthesia, X-ray examination, and performance of life-sustaining procedures. This consent shall be effective only during the field trip described herein. By signing below, I indicate that I have the understanding and capacity to communication of health-care decisions; that I am fully informed as to the contents of this document; and that I understand the full import of this grant of powers to the agent named herein.</i> ✓ <i>I agree to accept responsibility for and to pay any fees or charges for emergency care authorized by the teacher, administrator, or other school staff member in an emergency.</i> ✓ <i>I further agree to indemnify and hold harmless the faculty sponsor, volunteer chaperone, the Board of Education (including its agents, employees, and representatives) from and against any and all claims, suits, or causes of action which I or my child may have or claim to have for any injuries arising from, out of, during, or in connection with my student's participation in the field trip or the rendering of emergency medical care or treatment, except for injuries caused by gross negligence or intentional wrongdoing.</i> <p><i>Additionally, I acknowledge both my student and I understand:</i></p> <ul style="list-style-type: none"> ✓ <i>Each student is responsible for their own belongings, including but not limited to electronics and money.</i> ✓ <i>The same rules of student conduct that apply to the behavior of students in school apply to the behavior of students while on a field trip.</i> ✓ <i>Students are expected to follow all directions and instructions given by the teachers and other chaperones on the trip.</i> ✓ <i>Failure to follow the rules of behavior, directions, or instructions may result in being sent home by the most reasonable and appropriate means of transportation, at the family's personal expense.</i> 	
I do not give permission for my student to participate in this field trip.	