

## FIELD TRIP PERMISSION FORM

Many teachers at Corvallis Primary School take advantage of the exceptional educational opportunities available to students by exploring our world by way of field trips. Our past trips have included travel to the Big Hole Battlefield, Museum of the Rockies, Charles Waters Wilderness, Teller Wildlife Refuge, University of Montana, Lost Trail Ski Area, Lake Como, Wilma Theater in Missoula, along with local trips to museums, parks, and private ranches, farms, and businesses in the Corvallis area.

**This blanket Field Trip Permission Slip, when signed below and returned to school, will allow your child to travel with the class on school-sponsored and adult supervised field trips during this school year.** Your signature also allows your child to travel on school provided transportation, when applicable. Teachers will be responsible for giving parents/guardians specific information regarding individual trips (i.e., place, date, time, appropriate clothing, any fees, etc.) before each trip. They will give parents/guardians ample time to decide to allow the child to participate in a particular field trip.

**If you do not return this permission slip, your child will NOT be allowed to participate in any off-campus, school-sponsored trips.**

**I hereby give permission for my child to participate in field trips, under the following conditions:**

1. My child is to travel under the adult sponsor's direction and authority from the time of departure until the return to school.
2. I will not hold the adult sponsor, administration, school staff, or Board of Trustees liable or responsible in case of accident incurred during the field trip.
3. All students are expected to ride to the activity on district provided transportation. Students may request to ride home after events with their parent/guardian. The final decision whether student may ride home with parent/guardian lies with the sponsor.
4. Classroom teachers may have specific school work or behavior related criteria, which determines whether a student may or may not participate in a field trip.

**Medical Treatment:** In consideration of permission granted my child to participate in field trips, I hereby authorize the sponsor, in case of injury to said child, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the supervision and advice of any physician or surgeon licensed to practice in the State of Montana. I understand I will be notified of the injury at the earliest possible opportunity, but this authorization will allow treatment until I arrive. I also understand the expenses incurred from any such treatment will be my responsibility.

I understand the school does not carry accident insurance and any expenses incurred for injuries occurring while on campus or traveling on field trips are my responsibility.

I understand and agree to follow the above rules and give permission for my child to participate in school-sponsored field trips during this school year.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date