FIELD TRIP CONSENT – NORMAL (N) SAFETY LEVEL

Form 6031-04

For safety-sensitive issues, form 6031-05 must be used instead.

School ______________________ Date ______________________

Supervising adult(s) ______________________ Class(es) ______________________

Departure ______________________ (month/day/year) ________ (time) **Return** ______________________ (month/day/year) ________ (time)

Destination and nature of activity ______________________

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Transportation (*Please be aware that private vehicles and rental vans may not meet the same safety standards as school buses.)*

- ☐ Private vehicle
  - ___ Student driver
  - ___ Adult driver
- ☐ School bus
- ☐ Other (please specify)

If during instructional hours, alternate activity provided for non-participating students ______________________

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Other information from school ______________________

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____

C O N S E N T

____

Student's Name (Please PRINT)

YES

☐ I have been provided with information about the planned field trip (including possible information such as educational objectives, field trip agenda, itinerary, level of supervision, safety concerns, cost, fundraising, mode of transportation – bus, private vehicles, vehicles driven by students, etc.

☐ I feel that I have received sufficient information from the school and hereby consent to my child taking part in this activity.

☐ The **medical care card number** for the above mentioned student is: ______________________

______________________ Signature of parent/guardian ______________________ Date

Optional:

☐ **YES** ☐ **NO** The above-named student will carry a piece of personal identification on this field trip.

OR

NO

I do not give my consent for the following reason(s):

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______________________ Signature of parent/guardian ______________________ Date

Please return this form to your child's school as soon as possible. Forms must be on file with the school office in order to participate.