BELLEVUE SCHOOL DISTRICT NO. 405

Policy and/or Procedure Reference No.

Policy No. 3340

Procedure No. 3340.1

Exhibit No. 3340.1.B.1

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Effective Date:

April 29, 2011

PARENT AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached field trip description are required for all field trips.)

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 Destination: Date(s) of Trip: Purpose: SUPERVISION (Check one.) Students will be directly supervised by adults on this trip at all times. Students will be directly supervised by adults on this trip with the following exceptions: I acknowledge that and Bellevue School (Name of Teacher) TO BE COMPLETED BY THE SCHOOL District supervisors assigned to this trip are travelling with my child. They have my permission to do so. An itinerary for the trip (detailing dates, place of lodging, events, etc.) is attached for your information. TRANSPORTATION BEING PROVIDED (Check all that apply.) Commercial Carrier Private Vehicle School Bus Walking ☐ Leased Vehicle None DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.) Other Teacher or Staff Member Student If travel by private car is involved, your student will ride with (Name of Driver) , who will be driving. It should be noted that the driver is responsible (Telephone Number) for the first \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or \$300,000 combined single limit on his/her personal vehicle. In the event of an emergency (injury, illness) we wish the following person to be notified in case the parent cannot be contacted: (Telephone Number) (Name of Person) RISK RELATED (Check all that apply.) Other Amusement or Theme Park (List activity)

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or pays for the trip.

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	Signature of Student	Date
	PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS	
7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If an emergency situation involving illness and/or injury should arise, the Bellevue district staff member in charge has my permission to seek the aid of a licensed medical doctor or to take the following action 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 exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. 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 to the extent indicated by my signature below. 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 nonschool property.	
	PARENT PERMISSION (Check all that apply.)	
	Participation in all aspects of this trip. Participation in all aspects of this trip, except the amusement and theme park activities.	
[I give permission forName of Student	to participate in this field tri
4]	Signature of Parent or Guardian	***************************************