

The Field Trip Agreement

I, _____ give permission for my child, _____ to participate in _____ School's Northern Arizona Field Trip. I understand that a trip of this kind presents certain risks and hazards. I understand that in all areas of foreseeable risk and concern, the sponsors have made a reasonable effort to eliminate the possibility of injury. I also understand that it is never possible to completely eliminate that risk and that certain hazards do exist which may prove injurious to my child. However, I am confident that the efforts made by the trip's sponsors are both adequate and responsible.

I acknowledge the hazards include but are not limited to: transportation to and from Phoenix, explorations at/near the salt deposits at Camp Verde, Schebley Hill, Merriam and Sheba Crater, Grand Falls, Montezuma's Well and Stoneman lake.

I acknowledge the list of precautions includes complete student data sheets prepared including insurance/health plan policy numbers, doctor phone number and name, twenty four hour parent phone number, and special information (fears, allergies, medical exceptions, etc.); data sheets given to the principal, vice-principal, science department head; all important school phone numbers given to parents; full itinerary of the trip with dates, times, locations and phones numbers; private or school provided medical insurance or health plan for child; medical waivers signed and notarized to give sponsors the ability to admit an injured student to a medical facility and begin appropriate treatment signed only by parent or legal guardian; student-adult ratio not to exceed 8:1; guided tours at the sites; money for food; complete list of necessary items to bring given orally or in print to student; proper instructions at a mandatory meeting given to students and/or parents.

I further acknowledge the suggested use of proper behavior as per guidance by the sponsors, guides and Sunrise student handbook and policy; obedience to sponsors, instructors and site personnel; proper use of any equipment; preparation of all trip related school work; and proper safety techniques as explained by sponsors, instructors, and site personnel.

I, _____, hereby give my permission to the following teachers (_____) or any other authorized sponsor or guide of this field trip to have my child treated at a medical facility in case of emergency. If my child has any special medical, physical, or emotional conditions or is taking any medications, I have listed so below.

I, _____, understand, agree, and support the content of this document and the Code of Conduct and Standards form. I also affirm that I am the parent or legal guardian of the child named herein.

Parent Signature

Date

Notary Signature/Seal

I, _____, a student at _____ School, understand my responsibilities to act in a safe, disciplined, respectful manner following the procedures describe to me by the sponsors. I also realize that failure to comply with rules or safety procedures may result in my removal from the field trip, disciplinary action or both. I will participate in all activities and follow all rules describe by the sponsors.

Student Signature

Date

PARENT PERMISSION FORM FIELD TRIP

DEAR PARENTS:

A GROUP OF STUDENTS FROM _____ SCHOOL'S SCIENCE CLASSES WILL BE MAKING A TRIP.

DATE _____ DEPARTURE TIME AND LOCATION _____

EVENT NORTHERN ARIZONA FIELD TRIP

PLACE VERDE, SCHNEBLEY, MERRIAM CRATER, GRAND FALLS, MONTEZUMA'S WELL, STONEMAN LAKE

RETURN TIME AND LOCATION _____

MEANS OF TRANSPORTATION RENTAL VANS

COST OF TRIP \$35.00/STUDENT

(DO NOT DETACH)

PLEASE COMPLETE, SIGN BELOW AND RETURN THIS ENTIRE PAPER

1. I HEREBY GIVE _____ (STUDENT NAME) MY PERMISSION TO ATTEND
THE NORTHERN ARIZONA FIELD TRIP ON _____ (DATE).
2. WHILE ON THIS FIELD TRIP, THE SPONSOR HAS MY PERMISSION TO ADMINISTER TO MY CHILD THE FOLLOWING
MEDICATION(S): MEDICATION _____
DOSAGE _____ TIMES _____
3. I UNDERSTAND THAT THE SCHOOL ASSUMES NO RESPONSIBILITY OTHER THAN THE EXERCISE OF PRUDENT
SUPERVISION. ALL MEDICAL EXPENSES WILL BE COVERED BY MY OWN MEDICAL CARRIED.

(PLEASE MARK APPROPRIATE BOX)

INSURANCE COMPANY NAME _____ & POLICY NUMBER _____

SCHOOL INSURANCE

PARENTAL WAIVER (NO INSURANCE)

PARENT GUARDIAN SIGNATURE

DATE

ADDRESS/CITY/ZIP/

PHONE #

Code of Conduct and Standards

Dear Students and Parents:

The following guidelines have been established and consequences set for the field trip. The reading and signing of the following forms is a prerequisite for the field trip. The signing of this code means you agree and support its content.

All school rules are in force on field trips. These include abstinence from and non-possession of alcohol, drugs, tobacco, and/or dangerous weapons. Special rules (established by sponsors) which apply to this particular trip may be necessary for student safety. All rules will be discussed briefly with students before entering each activity and in general before the trip.

Leave personal stereos at home. We have only two days and will be interactive most of the way. Pack lightly.

Signed _____

Science Department

Dear Parents:

I'm really excited about this learning experience. So are your kids!

1. Please read and complete the attached and return to us.

In our lawsuit-happy society, these forms are unfortunate but necessary. It is difficult to provide an experience like this for the student; a lot works against such an experience, little works for it. Thanks for your support.

2. If you have any questions, contact me at _____

3. Remember, grades and behavior will be checked until the trip. Substitutions based on either of these may be made. In the event a substitution is made, the parents of the new student will write a check to the parents of the 'bumped' student.

Thanks,

KEEP THIS PAPER!