

8th GRADE LUNCHEON FIELD TRIP – May 29

(PERMISSION SLIP DUE – May 23rd)

ROCHESTER COMMUNITY SCHOOLS TRANSPORTATION PARENTAL/GUARDIAN CONSENT FORM

METHOD OF TRANSPORTATION

District Owned or Leased Vehicles Non-District Owned Vehicles
Field trip transportation for Rochester Community Schools students may be provided using District owned or leased vehicles, private transportation, parent/guardian drivers, or student drivers.

MEDICAL TREATMENT

If any emergency medical procedures or treatment are required during the field trip, I consent to the field trip coordinator taking, arranging for, and consenting to the procedures or treatment in the coordinator's discretion. I will pay the costs of any such medical procedures or treatment.

WAIVER OF LIABILITY

I release and waive any, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as field trip coordinators, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

CONSENT

I request that the student named below be allowed to participate in the field trip planned and specifically consent to the student's participation.

*I hereby give permission for my son/daughter _____ to participate in the following school sponsored field trip to **Rochester High School.**

***STUDENTS NAME:** _____

Departure Time: 11:35am Return Time: 1:30pm

Field Trip Date: Tuesday, May 29, 2018

Field Trip Coordinator: Mr. Williams / Mrs. Prashar / Mrs. Suhaida

***Signature of Parent/Guardian:** _____ **Date:** _____