

# Caddo Parish School Board

## Field Trip Permission Form

- By signing below, I, \_\_\_\_\_ [Parent/Guardian], grant permission for my child, \_\_\_\_\_, to attend the field trip to \_\_\_\_\_ [Location] on \_\_\_\_\_ [Date].
- I understand that my child will be traveling by \_\_\_\_\_ [Mode of Transportation] and will be chaperoned by \_\_\_\_\_ [School/Organization] staff members and volunteers. I have reviewed the itinerary and activities planned for the trip.
- In the event of an emergency, I authorize the trip chaperones to obtain medical treatment for my child. I agree to be financially responsible for any costs related to such treatment.
- I understand that participation in this field trip involves inherent risks. On behalf of myself and my child, I assume these risks and agree to release and hold harmless \_\_\_\_\_ [School/Organization] and its employees from any and all claims or liability arising out of my child's participation. Parent/Guardian does not release the School Board from its own employee's negligent acts.
- I have provided up-to-date emergency contact and medical information for my child to the trip organizers. I agree to notify them promptly of any changes prior to the trip date.
- I understand that school/organization rules, regulations and policies apply during the trip. I have discussed the behavior expectations with my child.
- I **consent** / **do not consent** (circle one) to \_\_\_\_\_ [School/Organization] using photos/video of my child taken during the trip for educational or promotional purposes.

This permission slip shall be governed by the laws of Louisiana. I have read all of the above and fully understand and agree to these terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency occurring while my son/daughter is on a school sponsored trip, I hereby grant permission to provide emergency medical care and authorize any emergency medical service provider, physician, hospital or other healthcare provider to provide such care to my child. I hereby authorize the school and/or its employees to give consent for my son/daughter, \_\_\_\_\_, to receive medical treatment.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_