

FIELD TRIP PERMISSION

PINON VALLEY ELEMENTARY

This form must be completed before student will be allowed to participate.

The following activity was selected for the educational enrichment of your child. Please read, sign and return this form giving your consent for participation in the activity.

I give my permission for _____,
(Student's Name)
grade level _____, to participate in an educational field trip to

_____.

The purpose of this field trip is _____.

Date _____ Time of departure _____
Time of return _____

For this field trip, each student will need the following: _____

_____.

Signature of Parent/Guardian _____ Date _____

MEDICAL RELEASE

In the event of illness or injury to my son/daughter/ward, I give permission for any licensed physician to give him/her such medical treatment as they may consider necessary for his/her health or safety. I authorize the school principal or their designated representative to seek such treatment on my behalf.

Signature of Parent/Guardian _____ Date _____

Insurance Carrier _____ Policy No. _____

I hereby further agree to defend, indemnify, save and hold harmless the Cheyenne Mountain School District, its employees, agents and directors, as well as the class supervisor and any assistants, from and against any claim for any claims, damages or injuries which may result from my child's participation in the activity, and furthermore agree to waive any claims my child or my family may have against the School District for losses, damages or injuries which may result from my child's permission is the above activity.

