



ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Field Trip/Event: \_\_\_\_\_ Cost: \$\_\_\_\_\_ Cash Check VCSS Account

Date: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

I give my child permission to attend the field trip/event with VCSS. Yes No

Transportation: School Bus Parent's Vehicle Other Adult's Vehicle (Name/Relationship: \_\_\_\_\_)

Student's Medical Needs/Allergies/Conditions: \_\_\_\_\_

In case of emergency, the following persons should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AUTHORIZATION TO TREAT MINOR

In the event that the persons above cannot be reached in an emergency, I hereby give permission to VCSS staff to secure proper treatment for my child. I authorize in advance any emergency medical treatment deemed necessary for my child while participating in this activity, and assume financial liability for expenses incurred because of an accident, injury, illness, or unforeseen circumstances.

I hereby release, indemnify and hold VCSS harmless from any claims from injuries to my child, which was not the result of gross negligence or neglect by any school staff or employee.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please complete and return this form **before** the date of the field trip.

**\*\*\*If this permission form is not received by the day of an event, the student will not be allowed to leave school to attend.\*\*\***