

**PARENT CONSENT FORM**

1. I hereby give my permission for my child, or ward, (child's name) \_\_\_\_\_ to go to \_\_\_\_\_.
2. I understand that my child or ward will leave on (date) \_\_\_\_\_ (time) \_\_\_\_\_ and will travel by (type of transportation) \_\_\_\_\_ and is expected to return on (date) \_\_\_\_\_ (time) \_\_\_\_\_.
3. Does your child have a current health care plan on record with the Butte School District #1?      Yes      No
4. Is your child allergic to anything?      Yes      No If so, please list: \_\_\_\_\_
5. Does your child need a school provided lunch for the field trip?      Yes      No
6. The following additional clothing items are required for your child to participate in the field trip:  
\_\_\_\_\_  
\_\_\_\_\_

Please contact the school if you have a hardship and cannot provide these items.

7. (a) As a parent or guardian, I understand that the school and the staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in the referenced field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Butte School District.  
  
(b) Further, I assume full responsibility for any damage to persons or property caused by my child or ward. I further expressly agree that in the event the health of my child, or ward or disciplinary action may make it necessary, at the discretion of the sponsors, my child, or ward may be forthwith returned home at my expense. I understand that I will be personally notified if it becomes necessary for my child or ward to be returned home and/or require health treatment.  
  
(c) I further consent and will be responsible for any medical or dental treatment which may be advisable at the discretion of any physician or dentist.  
  
(d) It is further warranted that if this CONSENT FORM is signed by one of two parents or guardians, it is with the authority of the other.
8. The sponsor and/or chaperone for this extracurricular field trip is:

(Name)	(Position)	(School)
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9. Please list two people (and their phone number) that can be contacted the day of the field trip. These people will only be contacted if you are unavailable.

(Name)	(Phone Number)	(Name)	(Phone Number)
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(Signature of Parent or Guardian)	(Date of Signature)
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(Address)	(Telephone Number)
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