

GARFIELD SCHOOL DISTRICT #302
Garfield Elementary & Garfield-Palouse Middle School

FIELD TRIP INFORMATION AND PERMISSION FORM

Class/Group _____ Trip Date(s): _____

Teacher/Supervisor: _____ City/Area: _____

Site:

Specific Purpose: Ropes Course is a generic term for a variety of high and low activities that can be used for a wide range of educational and therapeutic goals with all types of people. Typically, the low activities are group problem solving initiatives and require teamwork, cooperation, communication, compassion, listening, and planning.

Food Needs:

Clothing Needs:

Equipment/Material Needs:

Special Instructions

Departure:

Date: _____

Time: _____

From: Palouse Garfield

Arrival:

Date: _____

Time: _____

From: Palouse Garfield

Please return the bottom part to school before the day of the field trip.

Current Medical Concerns: _____

Special Medication Administration Needs: _____

I have reviewed the information listed above concerning this trip and I give permission for son/daughter to participate and to be transported by the school district vehicles. In the event of illness or accident, I authorize school-designated personnel responsible for this trip to approve emergency medical care, if a parent is not available. I am aware that we are responsible for all medical expenses incurred.

I, _____, pledge that my conduct at all times reflect upon my parents, my school, and myself. I understand that the school rules of conduct apply while on this trip.

Signature of Parent/Guardian Date

Signature of Student Date

Field Trip: _____

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