

**KEYSTONE SCHOOL DISTRICT FIELD TRIP  
STUDENT AND PARENT PERMISSION AND MEDICAL RELEASE FORM**

Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_

Group Taking Trip \_\_\_\_\_

Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

This form must be completed and signed by both the Student Participant and the Parent or Guardian before a Student will be permitted to register for the Field Trip. By signing this form, the Student and Parent/Guardian agree that they understand that all School rules are in force at all times during the Field Trip.

These rules include (but are not limited to):

1. Field Trip participants must remain with the assigned group at all times—unless specifically granted permission by an adult chaperone.
2. Participants must not violate any law, ordinance or rule of any community, historic site or business site. Arrest or detainment is possible by management, local, state or federal authorities.
3. Participants must not possess or be aware of the possession (without informing chaperones) of any controlled substance as specified in the Student Handbook.
4. If an overnight trip, the participant agrees to remain in his or her assigned hotel/motel room during the times specified—except in extreme emergency or as permitted by an adult chaperone.

Minor infractions will be dealt with when the student returns. Major infractions will result in the student being separated from the group and returned home (after parental notification). The cost of a disciplinary special return trip will be the responsibility of the parent or guardian. Further disciplinary action will be determined by the School Administration.

Having read the policies governing student behavior during the Field Trip and understanding that these policies and all school rules (as specified in the Student Handbook) will be strictly enforced, I agree to abide by the conditions set forth.

My signature also indicates I agree to pay \$ \_\_\_\_\_ towards this trip.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If you cannot be reached, whom should we call? \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for the Adult Chaperones to secure any emergency medical care they determine to be necessary for my child.

**Medical Insurance Information**

Company \_\_\_\_\_

Address \_\_\_\_\_

Group or ID Number \_\_\_\_\_ Agreement Number \_\_\_\_\_

**List any Known Medical Condition**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any Medication the Student is Currently Taking**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

