

**ROCHESTER COMMUNITY SCHOOLS
FIELD TRIP TRANSPORTATION
PARENTAL/GUARDIAN CONSENT
EMERGENCY CONTACT INFORMATION FORM**

METHOD OF TRANSPORTATION

District Owned or Leased Vehicles Non-District Owned Vehicles

Field trip transportation for Rochester Community Schools students may be provided using District owned or leased vehicles, private transportation, parent/guardian drivers, or student drivers.

MEDICAL TREATMENT

If any emergency medical procedures or treatment are required during the field trip, I consent to the field trip coordinator taking, arranging for, and consenting to the procedures or treatment in the coordinator's discretion. I will pay the costs of any such medical procedures or treatment.

WAIVER OF LIABILITY

I release and waive any, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees, and representatives thereof, as well as field trip coordinators, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

CONSENT

I request that the student named below be allowed to participate in the field trip planned and specifically consent to the student's participation.

I hereby give permission for my son/daughter _____
to participate in the following school sponsored field trip to: _____

EMERGENCY CONTACT INFORMATION

| | |
|--------------------------|--------------------------|
| Name/Relationship: _____ | Name/Relationship: _____ |
| 1 _____ | 1 _____ |
| 2 _____ | 2 _____ |

MAP(MEDICAL ACTION PLAN): Yes No
PERMISSION FOR PRESCRIBED MEDICATION: Yes No
PERMISSION FOR OVER-THE-COUNTER (OTC) MEDICATION: Yes No

If yes, to any of the above, copies of your students MAP and/or permission forms **MUST** be included with this form. All medications must be kept with adult chaperone and dispensed according to Regulation 5330 Attachment A.

Departure Date: 1-13-22 Departure Time: _____
 Return Date: 1-16-22 Return Time: _____
 Field Trip Coordinator: MARK MAEFARLAND
 Signature of Parent/Guardian: _____
 Date: _____
 Chaperone Names and Phone #: MARK MAEFARLAND 248-320-9265