

**NEBO SCHOOL DISTRICT**  
**FIELD TRIPS / ACTIVITIES CONSENT FORM**

During the 20\_\_\_\_ - 20\_\_\_\_ school year, \_\_\_\_\_ grade students at \_\_\_\_\_  
School have the opportunity to participate in the following field trips / activities:

**(SEE REVERSE SIDE FOR LIST OF FIELD TRIPS /ACTIVITIES)**

For each of these field trips / activities, the school will send a note home with your student to remind you of the upcoming field trip / activity, and will provide you with additional information and instructions. The safety and well being of students is our greatest concern at Nebo School District, and every reasonable effort is made to ensure that these field trips / activities are conducted in a safe manner. However, as with all field trips / activities, there are certain unavoidable, unpredictable, and inherent risks and dangers that no amount of care, caution, or instruction can eliminate.

The undersigned parent/legal guardian understands, acknowledges, and agrees:

1. That participation in this field trip / activity will expose my student to certain unavoidable, unpredictable, and inherent risks and dangers.
2. That my student is expected, and has been instructed by me:
  - A. To follow all instructions given by school supervisors.
  - B. Not to leave or separate from the group without appropriate authorization from a school supervisor.
  - C. To follow all Nebo School District policies and to comply with all laws and ordinances.
  - D. To follow all school rules as they are considered applicable during the field trip / activity.
  - E. To conform with usual and customary standards of good citizenship, good decorum, and common courtesy.
  - F. *[Describe other expectations and instructions.]*
3. That Nebo School District does not carry any medical insurance coverage relative to the field trip / activity or for injuries to my student.
4. That if my student is disabled or requires special accommodations, those accommodations and instructions are attached to this form.
5. If any emergency medical procedures or treatment are required for my student during the field trip / activity, I understand that the school will make reasonable efforts to contact me. In the meantime, I consent to the school supervisor(s) taking, arranging for, and consenting to the procedures or treatment for my student in the supervisor's discretion. I will pay all costs of any such medical procedures or treatment.

I understand and agree to the foregoing provisions contained in this "Field Trips / Activities Consent Form," and give consent and permission for my student to participate in the listed field trips / activities that I have initialed.

DATED AND SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Student's Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Parent's/Legal Guardian's Name (Please Print)**

<u>Field Trip / Activity</u>	<u>Location</u>	<u>Method of Transportation</u>	<u>Date/Time</u>	<u>Parent/Leg. Guard. Initials</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Parent/Legal Guardian: Please place your initials by the particular field trips / activities for which you give your consent and permission for your student to participate.**