



STUDENT TRIP PERMISSION FORM

Name of Student: _____

Place/Activity: _____ Supervisor: _____

Date(s) of Trip: _____ Time of Departure: _____ Time of Return: _____

Transportation: (Type of vehicle/driver)

_____ District Vehicle/Employee Driver

_____ District Vehicle/Adult Volunteer Driver

_____ Private Vehicle/Employee Driver

_____ Private Vehicle/Adult Volunteer Driver

_____ Public Transportation

_____ Private Carrier: _____

_____ Walk

_____ Other: _____

Medical Information: Health issues (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.) and medications listed in Skyward are accurate and current. **YES NO**
(If no, please contact student's school immediately to update.)

Hold Harmless: Although I understand that West Valley School District will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in my child's participation in this activity. Further, I accept full responsibility for the behavior of my child during this activity and agree to hold harmless the school, school district, district employees, volunteers and board members for any injury or illness of any nature whatsoever associated with my child's participation in this activity, negligence notwithstanding.

In the event of an injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Being fully aware of the risks, I hereby give my consent for the above named student to participate in the above mentioned activity.

Parent/Legal Guardian Signature

Date

Student Signature (for grades 6-12)

Parent/Guardian Printed Name

Phone Number: Home/Cell/Work

Emergency Contact Person

Emergency Contact phone Number

Name of Preferred Doctor

Doctor's Phone Number