## Blacklick Valley School District BVSD Student Field Trip Permission Form

to participate in the field trip
on (date)
ed by: □School Bus/Van □other:
Return Time/Place:
enses and proceedings whatsoever, whether ges to personalty, damages to realty or any hatsoever, which may at any time be rded against the district arising out of or in
Date
lect credit upon myself, my parents, and my onduct apply while on the trip.
Date
Date
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Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, what is the problem and what special considerations should be made?

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name:	Relationship:		
	-		
Phone #:	Alternate phone #:		

Informed consent

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the schoolø published rules and regulations.

Signature of parent/guardian		Date	
Printed name of parent/guard	an		
Parent/guardian work phone	Home phone #	Cell phone #	