

DISTRICT OF COLUMBIA PUBLIC SCHOOLS
Parent Consent for Field Trip,
Waiver of Claims and Medical Authorization

To the Principal of _____ School: _____
Name of Student

has my permission to participate in the field trip to _____
City State

other: _____ for the period _____ HR(s) _____ Day(s)

From: _____ 19 ____ AM ____ PM To: _____ 19 ____ AM ____ PM
Date Date

Check One

- I (adult student) agree to----
- I (Parent) agree to direct my child to----

Cooperate and to conform with directions and instructions of the D.C. Public Schools Personnel in charge of the field trip.

Should it be necessary for my child/me to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgement in obtaining medical services, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the D.C. Public Schools has no insurance covering such medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

- I am covered by accident/medical insurance.
- My child is covered by accident/medical insurance.
- My child is not covered by accident/medical insurance.

All persons making the field trip are deemed to have waived all claims against the D.C. Public Schools and its employees and the District of Columbia for injury, accident, illness or death occurring during or by reason of the field trip.

If the field trip is outside the metropolitan area, all adults participating in the field trip and all parents or guardians of pupils taking the field trip are required to sign this statement waiving such claims.

I have read and understand the foregoing statement and agree to assume the responsibility stated and waive all claims.

This field trip will be under the supervision of:

Parent, Guardian, or Participating Adult

Transportation to location to be:

- Walking
- School Bus
- Private Automobile
- Private Bus or Train
- Airplane

Address

Home Telephone Number

Business Telephone Number

Emergency Telephone Number

Date

If You Do Not Understand This Form Please Contact _____
Principal