

Dexter® FIELD TRIP - PERMISSION FORM

To enrich our curriculum and provide an enhanced educational experience beyond the classroom setting, we have scheduled a field trip to the destination listed below. Students are required to have advance written permission to attend. Please complete this form to confirm whether your student will be allowed to participate. An initial is required even if your child will not be participating. Thank you! **FORM DUE BACK TO TEACHER BY:** _____

Field Trip Information

Teacher(s):	
Date & Time:	
Destination/ Transportation:	
Participation Costs/Fees:	
Important Notes/Supplies:	

Student Information

Full Name:	
Emergency Contact 1 Name/Phone:	
Emergency Contact 2 Name/Phone:	
Medical Considerations:	

Participation Permissions

Initials

<p>I give permission for my student to participate in this field trip.</p> <p><i>As such, I acknowledge that I am aware of:</i></p> <ol style="list-style-type: none"> 1. Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries. 2. Potential hazards associated with travel to and from this field trip site. 3. Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases. <p><i>Further, I confirm that I have provided:</i></p> <ol style="list-style-type: none"> 4. Appropriate and available emergency contact information for the duration of all field trip and travel hours. 5. All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision. 	
<p>I DO NOT give my permission for my student to participate in this field trip.</p>	

Parent/Guardian Signature

Full Name:	
Signature:	
Date:	

Dexter[®] Chaperone Form and Carpool Driver Form

Due back to Teacher by _____

A chaperone is considered a Parent or Guardian willing to supervise students from the beginning to the end of this field trip. We appreciate your willingness to help chaperone this trip. The responsibilities of a chaperone can be demanding mentally and physically. If you have any limitations that may prohibit or minimize your ability to carry out the responsibilities of a chaperone, please discuss this with the Teacher In-Charge prior to the trip. The information provided will assist in planning. Reasonable accommodations, if necessary, will be considered to ensure your safety and health.

To assist us in making this a positive experience for all, we are requesting that Chaperones should immediately alert the Teacher In-Charge or other staff member under the following circumstances:

1. Student becomes ill or injured or reports feeling ill or injured
2. Student becomes unmanageable in any way
3. Student's behavior makes the chaperone feel uncertain or uncomfortable
4. Student will not stay with the group or follow directions of the chaperone
5. Student becomes lost
6. Another chaperone seems to be having difficulty dealing with a student or group of students

Please follow the instructions of the Teacher In-Charge regarding supervision of the students assigned to you. If you are unsure of your responsibilities, please clarify them with the Teacher In-Charge. Please make the safety of the students your highest priority. Please exercise consideration for and sensitivity to the needs, feelings, and comfort of all students under your supervision. As some students may have food allergies, students should not share food with one another, and chaperones are asked not to share food with students. When students use restrooms, please accompany them to ensure student safety. Chaperones who are assigned groups of students are encouraged to conduct frequent "head counts" of their groups. Also, a "head count" should be taken on the bus or carpool vehicles at the beginning of the trip and prior to the departure of the bus or carpool vehicle. **Chaperones may not smoke or consume alcohol on any school-sponsored trip.** If possible, chaperones are asked to bring cell phones and exchange contact numbers with the Teacher In-Charge to assist in communication during the field trip.

Thank you for your assistance in making this a safe and positive experience for all students, and for helping to ensure the safety of our students while at the following location:

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- I give permission for my cell phone number to be shared with the other chaperones and Dexter staff
 - I would like to drive TO and FROM the field trip destination and will be able to carry _____ students**
 - I have a valid driver's license: Copy of Driver License Required to Drive for Field Trips**
 - My vehicle is insured** Make: _____ Model: _____ License Plate: _____
 - I have read and understand all of the above and agree to abide by these regulations.

I understand that Dexter School shall not be held responsible for my injury and/or loss of my personal property due to my voluntary involvement in an activity that is not required as part of my responsibilities as a chaperone. Dexter provides liability insurance coverage for claims that may be filed concerning any actions or omissions by me, while within the scope of my duties as a chaperone. I have read, understand and can perform responsibilities/duties of a chaperone.

Signed

Printed Name

Dated

Cell Phone