

BISMARCK SCHOOL DISTRICT
PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Bismarck School District. A brief description of the activity follows:

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: Date _____ Time: _____

Date and Anticipated Time of Return: Date: _____ Time: _____

Method of Transportation: _____

Student Cost: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal action taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Home Address

Print Parent/Guardian's Name

City, State, Zip

Parent/Guardian's Signature

Phone (Home/Work)

Date

Child's Date of Birth

PLEASE RETURN THIS ENTIRE FORM BY: _____