



Field Trip Participation Agreement

Sponsor Coordinators: _____

Activity: _____

Date: _____

Location: _____

Phone Number: _____

Student Information

Name of Student: _____

Home Number: _____

Name of Emergency Contact: _____

Emergency Contact Phone (Day & Evening) : _____

Does student have any special health problems (i.e. allergies, asthma, etc.)? _____

If yes, do we need to have any medication with us for the field trip? _____

Is sponsor authorized to approve medical treatment? Yes No

Is student covered by medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Parent/Guardian Participation Agreement

By signing below, the parent/guardian acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

Parent/Guardian Signature

Date

