

**ROCHESTER COMMUNITY SCHOOLS
FIELD TRIP TRANSPORTATION
PARENTAL/GUARDIAN CONSENT FORM**

METHOD OF TRANSPORTATION

District Owned or Leased Vehicles Non-District Owned Vehicles

Field trip transportation for Rochester Community Schools students may be provided using District owned or leased vehicles, private transportation, parent/guardian drivers, or student drivers.

MEDICAL TREATMENT

If any emergency medical procedures or treatment are required during the field trip, I consent to the field trip coordinator taking, arranging for, and consenting to the procedures or treatment in the coordinator's discretion. I will pay the costs of any such medical procedures or treatment.

WAIVER OF LIABILITY

I release and waive any, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as field trip coordinators, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

CONSENT

I request that the student named below be allowed to participate in the field trip planned and specifically consent to the student's participation.

N/A I request that my student be transported only by a non-student driver (parent, teacher, coach, etc.)

I hereby give permission for my son/daughter _____ to participate in the following school sponsored field trip to Oakland University

N/A The field trip will involve swimming activities and in some cases a life guard may not be on duty. My child has permission to participate in swimming activities on this field trip, regardless of whether or not a lifeguard is on duty.

(Check only if swimming activities will be a part of the field trip and you consent for your child to participate in swimming activities.)

Field Trip Date: 10/16/2017 Departure Time: 9:00 Return Time: 1:00
Field Trip Coordinator: RHS Counselors

Signature of Parent/Guardian: _____

Date: _____

Name of Student: _____