

SCHOOL DISTRICT 67

FIELD ACTIVITIES CONSENT AND CLEARANCE FORM

ACTIVITY

(To be filled out by or under the supervision of the field activity director)

Present Date _____

STUDENT NAME _____ Grade _____ Section _____

Location of Activity _____

Supervising Teacher(s) _____

Date or dates of field trip _____

Purpose of field trip _____

Mode of travel (train, bus, automobile) _____

Cost per student _____

NO STUDENT SHALL BE EXCLUDED FROM ANY FIELD TRIP BECAUSE OF LACK OF FUNDS. IF FINANCIAL ASSISTANCE IS NEEDED, PLEASE CONTACT THE BUILDING PRINCIPAL.

TO PARENT(S) OR GUARDIAN(S): Well planned field trips are a valuable part of the program of classroom instruction and extracurricular activity. However, the school cannot assume responsibility for the safety or welfare of students while they are off campus, beyond making reasonable provision for their supervision by member(s) of the faculty.

Your signature below constitutes and is evidence of your agreement (1) to accept general liability for the participation of your child in this project and (2) to "hold harmless and release" School District 67, Cook County, Illinois, and any of its employees from all liability arising from your child's participation in the activity named above.

PLEASE SIGN AND RETURN THIS FORM TO HOMEROOM TEACHER BY _____

Signature _____
(Parent or Guardian)