

CLARK COUNTY SCHOOL DISTRICT FIELD TRIP PERMIT

Last Name of Pupil _____ First Name _____

I request that my child be allowed to participate in an authorized Clark County School District Field Trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperon will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs during the trip.

Signature

Date

Home Phone: _____

Work Phone: _____

Emergency Phone and Name: _____

Please note any medical information which would be of help: (i.e., allergies, medications to avoid, current medications, etc.)

I do not wish my child to take part in the school field trips.

Signature of Parent or Guardian

Date