

## 2017 - 2018 Field Trip Liability Waiver

Name: \_\_\_\_\_ Grade (2016 – 2017): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

### Parent/Emergency Contacts – list at least 2 contacts

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My child (listed above) has my permission to attend any of the Summer Field Trips. I understand a bus or van will transport the students. I acknowledge that District 879 insurance does NOT cover medical expenses for student accidents or injuries while involved in district sponsored activities. I will hold ISD 879, Delano Public Schools, and its employees harmless from liability in the event of an accident or illness. I certify that my child is medically fit to participate in the events scheduled on the field trips.

\_\_\_\_\_  
Parent (legal guardian) Signature Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Special Notes:

Please return this form to:  
Delano Community Ed.  
140 Elm Ave. Delano, MN 55328