

2018 - 2019 Field Trip Liability Waiver

Name: _____ Grade (2018 – 2019): _____

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