DES MOINES INDEPENDENT SCHOOL DISTRICT
STUDENT TRAVEL CONSENT FORM (PreK-12)
For Campus-Sponsored Field Trip or Off-Campus Activity

DesMoines PUBLIC SCHOOLS

Your son/daughter has the opportunity to attend the following campus-sponsored field trip or off-campus activity. He/she will be required to make up any school work missed in his/her classes due to the trip. This form must be signed by the parent/guardian and returned to the sponsor, teacher, or administrator in charge of this group no later than the day before the date of departure. No student will be permitted to go on the trip who has not completed this form. Student must meet state and local eligibility requirement for extra-curricular travel.

School: _____ Organization: _____ Sponsor's Name: _____

Student: _____ Student Id #: _____ Date of Birth: _____

Address: _____ City/State: _____ Home Phone: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Alternative Adult Name: _____ Home Phone: _____ Work Phone: _____

EVENT DETAILS:

Site to be visited: _____

☐ Swimming and/or water activity (if appropriate, please check)

Date of Departure: _____ Time: _____ Approximate time and date of return: _____

Staying overnight (Secondary only) at: _____

Mode of Transportation: ☐ Bus   ☐ Charter Bus Company: _____

Private vehicle driven by: ☐ Staff Member: _____   ☐ Parent Volunteer: _____

☐ Student: _____   ☐ Other: _____

In case of emergency, I give my approval and authorization for first-aid treatment/medical treatment by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Additional medical information and/or comments: _____

_____

I understand that my child's participation in the Field Trip is completely voluntary. I further understand that participation in the Field Trip may expose my child to some risks in addition to the intended benefits. With these understandings, and in consideration of my desire for my child to participate as well as my child's desire to participate, I grant consent for my child to participate fully in the Field Trip.

I acknowledge that designated Trip personnel may exercise their authority to enforce school and/or site rules throughout the Trip as they deem necessary. I understand that if my student does not comply with school/on site rules and staff directives, they may be sent home at my expense. I also authorize designated Trip personnel to render and/or obtain emergency medical attention for my child in case of injury or illness, and I understand that I am responsible for any medical expenses not otherwise covered by my student's health insurance policy.

This consent form is valid upon my signature and will remain in effect until written revocation is received by the Des Moines Public Schools. I agree that if any portion of this consent form is held invalid under the laws of the State of Iowa, the balance of the consent form will, notwithstanding, continue in full force and effect.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Sponsor: _____ Date: _____