

**Kellogg Middle School
Parent Permission for Participation in Field Trip Activity**

Joint SD #391
810 Bunker Avenue, Kellogg, ID 83837
Phone: 208-784-1311

I hereby give my permission for _____ who
attends Kellogg Middle School to participate in a field trip to the _____

Permission slips are due to Kellogg Middle School by _____

Transportation for this activity will be provided by:

- District bus/vehicle
- Other _____

I understand that when my child is being transported via any means beside district bus/vehicle that the transporter's insurance is primary and that the school district's liability, if any, would only be in excess of the limits carried by the owner of the vehicle.



As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the Joint School District #391 staff-in-charge to obtain emergency care for your student, neither s/he nor the Joint School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student home phone: _____ Date of Birth _____

Family Physician _____ Phone _____

Parent/guardian work phone Parent/guardian signature Date

In the event of an emergency (injury, illness), I wish the following person to be notified in case the parent cannot be contacted:

Name _____ Phone _____

Cost for field trip: _____ Special instructions: _____

Time Leaving School: _____ Return to School _____

Questions? Please call _____