Parent/Guardian Authorization
For International Field Trip

Directions:

SPS Staff:
1) Use one form per trip.
2) Complete the School Portion of form on page 1.
3) Duplicate one form per student.
4) Send a copy home for parent and student signatures.
5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

Student: 1) Complete the "Student Agreement "on page 1.

Parent / legal guardian:
1) Complete the "Authorization and Acknowledgement of Risks" and "Medical Authorization" on page 2.
2) Complete the "Medical Information Form" attached to this form.

School Name:	**Student Name:**
Date(s) of Trip:	**Destination:**
Purpose(s):	
List of Activities:	

Supervision: (Check One.)
□ Students will be directly supervised by adult chaperones on this trip at all times.
□ Students will be directly supervised by adult chaperones on this trip with the following exceptions:

Mode of Transportation: (Check all that apply.)

□ school bus □ charter bus □ scheduled airline □ boat/ferry □ train □ other _____

Students will leave from: _____at _____.
(where) (time)

Students will return to: _____at about _____.
(where) (time)

Chaperone(s) in Charge:
_____

Chaperone/Student Ratio: _____ (maximum ratio 1:10)

STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of SPS and my community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the *Basic Rules of Seattle Public Schools – Code of Prohibited Conduct.*

_____ _____
Student Signature Date

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my child's participation in this field trip is voluntary and may expose my child to some risk(s). I have read and understand the description of the field trip and authorize my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my child's participation in this field trip, from the moment that my student is under SPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip, including but not limited to any other service including transportation, from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the *Basic Rules of Seattle Public Schools – Code of Prohibited Conduct*, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my child's participation in this field trip may at any time be terminated by SPS in the light of my / my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I / my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

I assume/My child assumes full responsibility for the obtaining and safekeeping of all necessary documents required for participation in this field trip, including, but not limited to a valid passport, visas, and photographic identification.

MEDICAL AUTHORIZATION

My child is able, with appropriate accommodations if necessary, to participate in the activities described without creating a safety concern for him/herself or for other participants. Please contact the school to discuss accommodations that may be needed.

I agree to complete in its entirety the "Medical Information Form" attached to this Authorization.

I agree to disclose to SPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip. If medications (over the counter or prescription) will be taken, I will complete and return the form "Authorization for Medication To Be Taken At School" available from the school nurse or the district website.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility.

The following statement must be read and signed by the student's parent or legal guardian:
I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.
(student)

_____ _____
Parent/Guardian Signature Date

The parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____(Home)_____(Work) _____

Emergency Contact's Name: _____

Relationship to Student: _____

Emergency Contact's Telephone #s: _____