



## West Ada School District Field Trip Permission/Release

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed Field Trip Permission to the teacher named below along with payment if there is a charge. If this Field Trip Permission is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and the student. Both parents should sign if feasible.

### SECTION I – TRIP INFORMATION

|   |                |                         |   |   |  |
|---|----------------|-------------------------|---|---|--|
| NAME OF SCHOOL<br><b>RMHS</b>   |                | SCHOOL CONTACT          |   | TELEPHONE NUMBER<br><b>208-350-4340</b> |  |
| TEACHER   |                | GRADE                   | TRIP DURATION<br>Number of Days:      Nights:      ( ) Overnight Trip:* |   |  |
| DATE OF DEPARTURE   | DEPARTURE TIME | DATE OF RETURN          | APPROXIMATE TIME OF RETURN  | COST PER STUDENT                        |  |
| DESTINATION<br>( ) in-county    ( ) out-of-county    ( ) out-of-country   |                |                         |   |   |  |
| METHODS OF TRAVEL (check all that apply)<br>( ) School Bus    ( ) Private Charter Bus    ( ) <b>Private Vehicle**</b> ( ) Other (specify) _____ |                |                         |   |   |  |
| DRIVER<br>( ) Adult    ( ) Student  |                | LODGING (If applicable) |   |   |  |
| PURPOSE OF TRIP   |                |                         |   |   |  |

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

\* In the event of an overnight trip, student may not be supervised while in assigned rooms.

\*\* Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements. **Please use the Permit to Transport Student form.**

### Section II—Parents/Legal Guardian Approval:

|   |                      |   |   |  |
|---|----------------------|---|---|--|
| NAME OF STUDENT (last, first, middle initial)                         |                      |   | TRIP DESTINATION                                |  |
| HOME TELEPHONE #  | BUSINESS TELEPHONE # | CELL NUMBER   | EMERGENCY TELEPHONE #                           |  |
| PHYSICIAN NAME  | TELEPHONE #          | STUDENT SWIMMING LEVEL<br>( ) Non-swimmer    ( ) Beginning    ( ) Skilled |   |  |
| MEDICAL INSURANCE CARRIER:  |                      |   | POLICY # AND SUBSCRIBER NAME:                   |  |
| OTHER STUDENT INFORMATION (allergies, medications, etc., be specific) |                      |   | MEAL PROVIDED<br>( ) By Parent    ( ) By School |  |
| ADDITIONAL ACTIVITY INFORMATION:                                      |                      |   |   |  |