

**NEBO SCHOOL DISTRICT**  
**FIELD TRIP / ACTIVITY CONSENT FORM**

Students at \_\_\_\_\_ School have the opportunity to participate in a field trip / activity on \_\_\_\_\_ [Date]. Students will travel by  school bus  walking  other \_\_\_\_\_ [Check] from the school to \_\_\_\_\_ / \_\_\_\_\_ [Location / Activity].

Students will participate in the following activities:

*[Describe the field trip or activity, including the place(s) to be visited and the times and places of departure and return].*

The purposes and requirements of the field trip / activity are:

*[Describe purposes, special requirements, and items needed on the field trip or activity].*

The safety and well being of students is our greatest concern at Nebo School District, and every reasonable effort is made to ensure that this field trip / activity will be conducted in a safe manner. However, as with all field trips / activities, there are certain unavoidable, unpredictable, and inherent risks and dangers that no amount of care, caution, or instruction can eliminate.

The undersigned parent/legal guardian understands, acknowledges, and agrees:

1. That participation in this field trip / activity will expose my student to certain unavoidable, unpredictable, and inherent risks and dangers.
2. That my student is expected, and has been instructed by me:
  - A. To follow all instructions given by school supervisors.
  - B. Not to leave or separate from the group without appropriate authorization from a school supervisor.
  - C. To follow all Nebo School District policies and to comply with all laws and ordinances.
  - D. To follow all school rules as they are considered applicable during the field trip / activity.
  - E. To conform with usual and customary standards of good citizenship, good decorum, and common courtesy.
  - F. *[Describe other expectations and instructions.]*
3. That Nebo School District does not carry any medical insurance coverage relative to the field trip / activity or for injuries to my student.
4. That if my student is disabled or requires special accommodations, those accommodations and instructions are attached to this form.
5. If any emergency medical procedures or treatment are required for my student during the field trip / activity, I understand that the school will make reasonable efforts to contact me. In the meantime, I consent to the school supervisor(s) taking, arranging for, and consenting to the procedures or treatment for my student in the supervisor's discretion. I will pay all costs of any such medical procedures or treatment.

I understand and agree to the foregoing provisions contained in this "Field Trip / Activity Consent Form," and give consent and permission for my student to participate in this field trip / activity.

DATED AND SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Student's Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Parent's/Legal Guardian's Name (Please Print)**