

Field Trip Checklist/Process

Field Trip Forms are located on the RHS website (left side under Richmond High School). Choose Curricular or Corporation (Overnight) Field Trip. When the form opens, you will need to click in the right hand corner “Open With Different Viewer”. A fillable form will open and you will then be able to type in your information, print it out, sign it and submit the form to the main office for approval.

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| | Principal approval |
| | Assistant Superintendent approval/Board approval (Required if overnight) |
| | Field Trip/Transportation approved (Principal will notify you) |
| | Organizational meeting set if necessary (After board approval for Overnight trip) |
| | Parental permission slips signed and collected |
| | Emergency medical authorization forms collected (if trip is 30 or more miles away) |
| | Appropriate number of chaperones (Need background check if not employee) |
| | Background checks approved through Human Resources office |
| | Trip route, dates, time of departure and arrival documented and finalized |

Field Trip Permission Form

I hereby give consent for my child, _____, to participate in

an approved field trip with _____ school to

_____ on _____. I understand that transportation to and from the field trip site will be on Richmond Community Schools' buses or approved transportation. I expect that school personnel will take reasonable and prudent care to ensure the safety of my child.

I further understand that my child is expected to display good behavior during the field trip, complying with the rules and regulations of both the field trip site and of Richmond Community Schools.

Date

Parent/Guardian Signature

Emergency contact telephone number _____

Special medical needs/accommodations _____

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EMERGENCY MEDICAL INFORMATION

Student's Name _____ Grade _____ Birth Date _____
Last First Middle

Student's Address _____ Home Phone # _____

Parent's Names _____

Father's Employer _____ Telephone _____

Mother's Employer _____ Telephone _____

In case neither parent can be located notify:

Name _____ Relationship _____

Address _____ Telephone _____

Preferred Physician _____ Telephone _____

Preferred Dentist _____ Telephone _____

NOTE

- It is the parent's responsibility to notify the school of any change in information
- The school does not provide accident/injury insurance. Financial obligation for medical expenses are a parent/student responsibility.

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the emergency treatment for students who become ill or injured while under school authority, when parents or guardians cannot be reached. **CONSENT MUST BE COMPLETED BEFORE A STUDENT IS ALLOWED TO PARTICIPATE.**

PARENT CONSENT FOR EMERGENCY TREATMENT

In the event that attempts to contact parents/guardian are unsuccessful, I give my consent for (1) any treatment deemed necessary by the preferred physician or preferred dentist or, in the event my preferred physician/dentist is not available, by another licensed physician or dentist and (2) the transfer of the child to the hospital. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists concur in the necessity of such surgery. This authorization is valid for the current year or until such time as I withdraw this authorization.

Date _____ Parent/Guardian Signature _____

Allergies _____ Current Medications and treatments _____

Other Health Conditions _____