

MASON COUNTY SCHOOLS

PARENT CONSENT FOR TRIP

Student # _____

Student Name _____

I, _____ (Parent's Name), permit my child,
_____, to participate in the trip to
_____.

I understand that this trip is part of the County's educational program and provides a learning experience of educational value to my child.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

Parent

Date