



STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

Please Return This Completed Form by: **Monday, June 5th, 2017**

Name of School: **AD RUNDLE MIDDLE SCHOOL** Activity Date: **Thursday, June 8th, 2017**

The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. Students who do not participate in field trips will be provided with supervised study.

Purpose: **School Wide Year End Celebration**

Departure Time: **9:30 am** Return Time: **4:30 pm (Transportation Must Be Arranged Home From ADR)**

Destination(s): **Cultus Lake Water Park**

Travel Arrangements: **School Bus (2 Way)**

Cost to student: **\$15.00 online payment or cash (exact change only).** PAID/Cash PAID/Online*

**Please provide receipt for online payments. Proof of payment is required before attending the trip.*

Students will need to bring: **Swim Suit, Towel, Sunscreen, Sunglasses, Lunch & Spending Money (Optional).**

Sponsor Teacher(s): **Mr. Wallace** Supervision Provided by: **AD Rundle Staff**

ALL STUDENTS MUST RETURN TO ADR ON THE BUS UNLESS THE STUDENT'S LEGAL PARENT/ GUARDIAN IS PHYSICALLY PRESENT TO SIGN STUDENT OUT FROM ADMINISTRATION AT THE WATERPARK.

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

Principal Signature

Please note: ALL forms must be returned to the school. Please indicate below if you DO or DO NOT give your child permission to attend this field trip. Students who do not attend field trips are required to attend classes at ADR. Thank you.

I DO or DO NOT give _____ (full name of student) in **CORE** ___ permission to participate in the field trip to **Cultus Lake Waterpark** on **Thursday, June 8th, 2017**. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Student's Care Card Number: _____

Medical Information (please include any medical or health concerns):

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

_____/_____/_____
Home Phone # Work Phone # Cell Phone #

Alternate (Local) Contact Name

_____/_____/_____
Home Phone # Work Phone # Cell Phone #