

Student Contract: Off-Campus Student Activities/Field Trips

To: Student and Parent(s)

The InterMountain ESD is proud of its students and is confident that in most circumstances student conduct during off-campus student activities/field trips will be reasonable and prudent. However, in the event that a student chooses not to abide by the rules established by the adult(s) in charge, he/she should be aware of the consequences. The student should fill in the information requested below and sign the contract. If the student is under 18 years of age, his/her parent must also sign.

Student Name: _____

School/Program: _____

Description of Activity/Field Trip: _____

Location/Destination: _____

Date(s) of Activity/Field Trip: _____

Name(s) of Person in Charge of Activity/Field Trip: _____

I understand that the above named activity/trip is an official school event and that all rules and regulations applying to the InterMountain ESD are in effect. Among these rules are the following:

1. All directions and guidelines established by the adult(s) in charge will be followed;
2. There will be no use of alcoholic beverages or other drugs at any time;
3. There will be no smoking while engaged in the event, including transportation;
4. All established time schedules will be followed; and
5. Reasonable and proper behavior will be maintained at all times during the trip.

I recognize that in the case of serious violations of the rules, my parent(s) will be notified and that I will be sent home at their expense.

Student Signature

Date

Parent Signature

Date

(Complete student health history on next page.)

Health History for School Activity/Field Trip

Student Name: _____ DOB: _____

Address: _____

Home Telephone: _____

Parent/Guardian Name: _____

Home Telephone: _____ Work Telephone: _____

Parent/Guardian Name: _____

Home Telephone: _____ Work Telephone: _____

Person to be called in case of emergency if parent/guardian cannot be reached:

Name: _____ Relationship: _____

Telephone: _____

Physician: _____ Telephone: _____

Date Last Tetanus Shot Given: _____

Please list any allergies (bee sting, medications, etc.) or illness that the ESD should be aware of:

Medications student is currently taking:

Any special information/instructions concerning medication:

I hereby give my permission for non-prescription medication (for example, aspirin) to be given to my child if deemed advisable by designated ESD personnel. In case of surgical emergency, I hereby give permission to the attending physician to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and be signed.

Parent/Guardian Signature

Date