



Jefferson Joint School District #251

Every Student Can Learn and Succeed

3850 E 300 N

Rigby, ID 83442

(208) 745-6693 / (208) 745-0848 (fax)

I

Parent Consent Form for Overnight Travel

Please complete the form below and return it to the assigned advisor/teacher/coach before your student travels on an approved trip.

Student Name: _____

Travel Dates: _____

Destination(s): _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Date: _____

Return Time: _____

Mode(s) of Transportation:

Name and Address Hotel/Lodging:

This trip will include the following physical activities:

1. I understand that there may be risks of injury associated with this event, and I consent to my child's participation in activities related to this trip.
2. I agree that in the event of an emergency injury or illness, the staff members in charge of the trip may act on my behalf and at my expense to obtain medical treatment for my child.
3. I am responsible for getting my child to and from the departure and return sites.
4. I understand that it is within the school's discretion to change travel, accommodations, and other arrangements it deems necessary.
5. I understand that the school will be using selected commercial airlines, trains, buses, hotels, restaurants and/or other services, the performance of which cannot be controlled by the school. Consequently, the school and its employees are not responsible for the actions of these commercial entities, including but not limited to lost luggage, unsatisfactory accommodations, and refunds.
6. I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.



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7. I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liabilities that arise in connection with the trip.

8. I understand that students who violate the school's discipline code may be excluded by the school from participating in the trip. Additionally, I understand that if a serious or reported violation occurs while on the trip, it is within the school's discretion to send my child home from the program, of which I will be informed. I understand that if my child is sent home early, I am responsible for all costs associated with such early departure and forfeit any monies paid that are not refunded to the school.

9. In an emergency I can be reached at the following phone number(s):

10. If I cannot be reached, the name and phone number of an additional contact are:

I give permission for my child to participate in this trip.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____