



USD 422 Kiowa County

**Application for Field Trip or Excursion**

Instructor:

Class/Activity:

Event/Activity:

Destination:

Date(s):

Departure Time:

Estimated Return Time:

Explain the nature of the trip:

Anticipated Cost to Student:

District Provided Transportation Required: Yes No (circle one)

Number of Students:

Approval/Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal

**Parent's Approval**

I, the undersigned, being the natural parent ( or legal guardian) of \_\_\_\_\_, do hereby give consent for my child to participate in the activity specified above. By my signature, I also consent to the securing of emergency medical treatment for my child by the teacher or sponsor. This includes any necessary transportation to receive such treatment. It is understood that any medical expense incurred will be the responsibility of the parents and not USD 422.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_