



## APPLICATION FOR FIELD TRIP OR EXCURSION

Instructor:	Class or Group:
Event or Activity:	District Provided Transportation Required: YES NO
Destination:	Date(s)
Number of Students:	Anticipated Cost to the Student:
Departure Time:	Estimated Return Time:
Explain the Nature of the Trip:	

## ADMINISTRATIVE APPROVAL

Approved	Denied
_____	_____
<i>Administrator Signature</i>	<i>Date</i>

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*Keep the Top Portion at Home*  
*Return the Bottom Portion to School*  
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## PARENT/GUARDIAN 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 of 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 Kiowa County Schools.

\_\_\_\_\_

*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_

*Activity*