



Administrative Form 5312
INTERNATIONAL TRAVEL – FIELD TRIP
PERMISSION FORM FOR DISTRICT-SPONSORED TRAVEL

I hereby acknowledge that I am the lawful parent/legal guardian of (student name/ID number)

_____.
(School/department/class) _____

will conduct an international field trip on the following dates _____
to _____.

I request that my child be allowed to participate in this authorized Washoe County School District ("District") International Field Trip. While on this trip, I understand that my child will be chaperoned by a responsible adult who will take reasonable precautions to protect my child from harm and injury. I understand that the chaperone is a volunteer and, while he/she will make all efforts to supervise my child, that there can be no guarantee that my child will not be at risk for injury. I understand that by signing below, I am releasing the Washoe County School District of any liability and I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Washoe County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperone will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for any injury or illness caused by the negligence of persons, including the negligence of employees or agents of the Washoe County School District when such injury or illness occurs during the trip. I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I understand that this trip is subject to cancellation for the following reason(s):

- United States Government State Department issues a warning to the effect that travel to the identified destination should not occur during the dates identified.
- Department of Homeland Defense has a CODE RED warning in place during the dates identified.
- Other circumstances deemed by the District's Superintendent to warrant cancellation.

Additionally, I understand that I retain the final decision on whether my child participates in this field trip and that I may cancel my child's participation in this trip and that there will be no adverse academic or disciplinary consequences. I understand that if I choose to cancel, the funds paid for the cost of the trip may not be refunded.

I have received an itinerary for this trip and have been informed of all information relative to the travel both to and from said destination and arrangements while students/chaperones are there.

I CONSENT to my child to participating in this school international field trip.

Parent/Guardian Name

Parent/Guardian Signature

Date

Home Phone: _____

Mom
Work Phone: _____

Dad
Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Emergency Name: _____
(If parents cannot be reached)

Emergency Phone: _____

Please note any medical information, which would be of help (i.e. allergies, medications to avoid, current medications, etc.) _____

I DO NOT wish for my child to take part in this school international field trip.

Parent/Guardian Name

Parent/Guardian Signature

Date