

**PROCEURE 2320P EXHIBIT C
PARENT AUTHORIZATION
AND ACKNOWLEDGEMENT OF RISK FOR OUT OF STATE OR OVERNIGHT FIELD TRIP**
(This form and an attached **field trip description** are required for all out-of-state or overnight trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

Name of Student and Student Id# _____	
Date(s) of Trip: _____	Destination: _____
Purpose: _____	

(Name of Employee) _____

Is the District employee responsible for the trip and may be accompanied by other District staff and approved volunteer chaperones. They have my permission to do so.

TRANSPORTATION BEING PROVIDED BY (Check all that apply)

- Airline School Bus Commercial Carrier
 Leased Vehicle District Vehicle

DRIVERS OF DISTRICT, PRIVATE OR LEASED VEHICLES (Check all that apply.)

- Parent Teacher or Staff Member Other

If travel by private car is involved, your student will ride with _____
(Name of Driver)

(Telephone Number)

Please Note: School staff ensures that all drivers and vehicles are approved by the District Transportation Department before driving students

An itinerary for the trip (detailing dates, place of lodging, events, etc.) is attached for your information.

Pupil Agreement

While participating in this field trip, I will accept responsibility for abiding by all District and school rules, regulations, policies and procedures; following the directions of staff and volunteer chaperones; and the expectations set by advisors. Any incidents of exceptional misconduct as defined in District Procedure 3241P may result in my being sent home at the expense of my family.

Signature of Student

Date

Signature of Parent/Guardian

Date

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

If an emergency situation involving illness and/or injury should arise, the Bellevue district staff member in charge has my permission to seek the aid of medical professionals for emergency care.

In the event it becomes necessary for the Bellevue district staff in charge to obtain emergency care for your student, neither s/he nor the Bellevue School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I understand that participation in this field trip is voluntary, that it is not required, and that it may exposes my child to some risk(s). I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip. I also understand that participation in the field trip will involve activities off school property; therefore, neither the Bellevue School District, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.

Signature of Parent/Guardian

Date

[Insert as applicable: The proposed trip is to a country which has a current travel alert in effect.]

In the event that unforeseen circumstances arise creating a need for you to contact your student or for information to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. Your contact person is: _____.

(Name of School Contact)

(Telephone Number)

Student's date of birth _____

Student's Address _____

Student's Telephone _____

I give permission for (Name of Student) _____ to participate in this field trip.

Signature of Parent or Guardian

Date

TO BE COMPLETED AT HOME

IMPORTANT NOTICE: Bellevue School District cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any field trip that Bellevue School District cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

On this _____ day of _____, _____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the person who executed the within and foregoing instrument, and acknowledged said instrument to be his or her free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year first above written.

(Signature of Notary)***

(Print or stamp name of Notary)

NOTARY PUBLIC in and for the State of Washington,
residing at _____.

My appointment expires: _____.

***Signature of Notary is required for all international trips including trips to Canada.

Date: 8.14