

**River Road High School
Parent Approval for
Extra/Co-Curricular Field trips**

Organization: _____

Activity: _____

Location: _____

Mode of Transportation: _____

Time and Date of Departure: _____

Time and Date of Return: _____

I, _____, the undersigned parent or legal guardian of _____ (student), certify that he/she has my full approval to participate in the extra/co-curricular activity described above. Further I do release the above named school, River Road High School, and the agents, servants, and employees from any and every claim that could be asserted by me or by any member of my family by reason of participating in said activity.

Further, I do authorize the teacher or sponsor of this activity, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my son/daughter/ward in the event of sickness or injury requiring emergency treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that my son/daughter/ward is covered by adequate accident insurance or has taken the approved student accident insurance.

Signature of Parent/Guardian / Date

Address

Home Phone Number / Emergency Phone Number

***The parent approval form must be returned to the teacher or sponsor of the extra/co-curricular activity before the student will be permitted to participate in the activity.**