

2022–2023 Field Trip Liability Waiver

Name:	Grade (2022–23):
Address:	City:
Home Phone:	
Parent/Guardian:	

Parent/Emergency Contacts – list at least 2 contacts

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Allergies: _____

Medical Concerns: _____

My child (listed above) has my permission to attend any of the Summer Field Trips. I understand a bus or van will transport the students. I acknowledge that District 879 insurance does NOT cover medical expenses for student accidents or injuries while involved in district-sponsored activities. I will hold ISD 879, Delano Public Schools, and its employees harmless from liability in the event of an accident or illness. I certify that my child is medically fit to participate in the events scheduled on the field trips.

<i>Parent (legal guardian) Signature</i>	Date:
<i>Relationship to Child</i>	
Special Notes:	

Please return this form to:
Delano Community Ed.
140 Elm Ave. Delano, MN 55328