

Illinois State University Laboratory School

Annual Field Trip Consent, Release and Waiver

I further understand that I may revoke my consent for a specific field trip by submitting a written notice to the teacher more than one day prior to the trip.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach me or another emergency contact after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. In case of a life-threatening emergency, I give permission for school staff to call paramedics immediately and then contact me as soon as possible thereafter.

I am competent to sign this consent release and waiver and have read and understood all to provisions contained in it.

PARTICIPANT:

(Name of child – Printed)

(Date)

(Name of Parent/Guardian - Printed)

(Signature of Parent/Guardian)