

Field Trip Permission Form

Name of Student (Print)

Name of Parent/Guardian (Print)

I, the undersigned parent or guardian of the above-named student, give my permission for my student to participate in the instructional field trip described as follows:

Date of trip: **Thursday, April 23, 2026**

Destination and activities:

KTEC in Rathdrum, ID - Hard Hats, Hammers, Healthcare and Hot Dogs *(see below for details)*

Please note – your child must wear appropriate clothing.

Medical Information and Release

The following special health problems concerning my student should be noted – if none, check “none”;

_____ Heart Condition	_____ Allergy (specify below whether food, bee sting, etc.)
_____ Hemophilia	_____ Asthma
_____ Diabetes	_____ Other _____ None

Describe condition noted above with particularity, including any medications or other instructions:

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

My child's physician is: _____ at _____
Physician's name Physician's phone number

My phone numbers are: _____
home work cell

Alternative emergency contact: _____
name phone

Activities for the day will be hands-on, supervised and led by construction and manufacturing professionals. All students will be given eye protection, ear protection if needed, hard hats and appropriate safety clothing necessary for each station.

Activities include: welding, operating heavy equipment, bending conduit, chop saw, soldering, painting, nail gun demonstrations, and much more.

Given the nature of these activities it is critical that your child wears appropriate clothing to participate. Appropriate clothing includes long pants or jeans, t-shirt/long sleeve shirt and/or jacket (weather dependent), and closed-toed shoes!

I understand the School District does not provide medical insurance for my student for purpose of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my student that are not covered by insurance.

I have read the foregoing information, verifying its accuracy, and agree to the statements made above:

X _____
Parent/Guardian Signature Date Signed