

PARENTAL CONSENT FORM – SHORT TERM TRAVEL

This section is to be completed by the Teacher in Charge:

SCHOOL: BAVPA

TRAVEL DESTINATION: Albright Knox

DATE(S) OF TRAVEL: 12-10

TRANSPORTATION: bus

TEACHER IN CHARGE: Rachel Lyons

This section is to be completed by the parent/guardian:

STUDENT NAME:

PARENT/GUARDIAN(S) NAME:

HOME TELEPHONE:

PARENT(S) WORK TELEPHONE:

PARENT(S) CELLPHONE:

EMERGENCY CONTACT/RELATIONSHIP:

EMERGENCY CONTACT TELEPHONE:

PARENTAL AGREEMENT

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from school grounds and that my child will be under the supervision of the designated school District employee on the above stated date. Consenting to my child's participation, I acknowledge my understanding that the school cannot be held responsible in the absence of its own negligence for events over which it has no control, such as, natural disasters, war, including terrorist activity, or the acts or omissions of persons or agencies including companies which it does not control directly.

Name of Parent/Guardian _____

Signature _____ Date _____

Special Medical Needs (if applicable): _____

STUDENT BEHAVIOR AGREEMENT

I agree to follow the rules and regulations as established in the *Buffalo Public School's Code of Conduct*. I also realize that this trip represents a regular school day, and therefore, is subject to the Buffalo Board of Education rules and responsibilities.

I understand that the teacher/administrator in charge is the final authority in all matters pertaining to this trip.

Student Signature _____ Date _____