Irene-Wakonda School District No. 13-3

Secondary School PO Box 5 Irene SD 57037 605-263-3313 David Hutchison, Superintendent James Strang, Secondary Principal Deb Lyle, Elementary Principal Pam Rudd, Business Manager Elementary School PO Box 268 Wakonda SD 57073 605-267-2644

UNIVERSAL FIELD TRIP PERMISSION FORM

I give permission for my child,	, to accompany Irene-Wakonda
School District Faculty/Staff Members and design current school year.	print) ated chaperones on field trips that are planned in the
I understand that I will be notified of any cost, the time(s).	date, and time of departure and the anticipated return
I understand that some field trips will be spontaneous	ous.
In granting permission, I assume responsibility for child while they are participating on a field trip.	any damage to person(s) or property caused by my
I agree that if it is necessary for my child to receiv will be responsible for any and all relevant medica	e medical treatment during the course of the trip, I l or dental costs.
I agree that if the behavior or health of my child should result in him/her being sent home prior to the expected return time, I will be responsible for necessary arrangements and expenses.	
I agree that I will not hold the Irene-Wakonda School District responsible for any loss of property included on field trips.	
I understand that our family account must be current in order for my child to participate in non-academic programs including field trips where a cost will be incurred. This policy will not apply to field trips with a direct academic correlation (i.e., a grade is given as a result of field trip participation).	
Please return this completed sheet to the school.	
(please print) And I understand that all School Policies and Proc	am the legal guardian of
Parent/Guardian Signature:	Dated: file name:field trip permission