



*Home of The Braves*

Hoonah City Schools  
PO Box 157 Hoonah, AK 99829  
907-945-3613 Office  
907-945-3607 Fax  
www.hoonahschools.org

Ralph M. Watkins  
Principal/Superintendent

Anne Sharclane  
School Secretary

### BLANKET FIELD TRIP PERMISSION SLIP

During the school year your child's class will be taking some short local walks or field trips around Hoonah. Please sign the parental consent field trip form below so that your child is able to participate in these trips. This form will be kept on file for the duration of the school year.

Child's First & Last Name \_\_\_\_\_ Grade-Level \_\_\_\_\_

Child's Classroom/Advisory Teacher \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Contact # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Daytime Contact # \_\_\_\_\_

By signing this agreement we understand:

- That the field trip organizer will notify our household of any walking trips that extend beyond the school boundaries at least one day in advance of the trip.
- That the Hoonah City School District reserves the right to cancel a trip at any time. In addition, the school system is not responsible for any financial losses if a trip is cancelled for the safety of both students and staff members.
- That the Hoonah City School's student code of conduct is in effect on all school sponsored field trips.
- We further understand that a violation of trip's rules and regulations may result in the participant being denied participation in the event.

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.**

**I acknowledge and agree as follows:**

1. [If the student is under 18 years of age] I hereby give permission for my child, \_\_\_\_\_ [name], to participate in the activity/field trip listed above.
2. As the parent or legal guardian of a child under 18, or as a student 18 years of age or older, I acknowledge that I must sign an Acknowledgement of Risks, Assumption of Risks, Medical Authorization and Release Agreement for my child before he or she can participate in the activity/field trip listed above.
3. My child will perform only those tasks assigned, will observe all safety rules, and will use care in the performance of all activities. If I participate in the activity/field trip, I will perform only those tasks assigned to me, will observe all safety rules, and will use care in the performance of all activities.



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4. I acknowledge that there are risks associated with any activity/field trip.
5. Activity/field trip, I give Hoonah City School District personnel permission to use their judgment to obtain medical services for my child, and I give permission to the physician selected by Hoonah City School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the Hoonah City School District has no accident insurance covering any medical or hospital costs incurred in connection with this activity/field trip, and that any costs incurred for such treatment shall be my sole responsibility.

Please check the appropriate line or lines below:

- My child is covered by accident/medical Insurance.  
 My child is not covered by accident/ medical Insurance.

6. The undersigned agrees to release, hold harmless and indemnify the Hoonah City School District, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my student which are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school or its agents, representatives, or employees. I understand that any trips that require transportation out of the **Hoonah City boundaries** in a school vehicle, a vehicle contracted by Hoonah city Schools, or that require an overnight stay will require a separate permission form. This form will be provided to me by the sponsoring teacher or activities director.

7. I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT

**Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.**

**All adults participating in the field trip/activity (including students 18 years of age or older) and the parent or guardian of any student under 18 participating in the field trip/activity are required to sign below.**

\_\_\_\_\_  
Please Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date