



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

(NEW) 352 - Exhibit 3

RIVER VALLEY SCHOOL DISTRICT OVERNIGHT FIELD TRIP ITINERARY MODIFICATION

ACTIVITY - TRIP DESTINATION _____

DEPARTMENT _____

DATE(S) OF ABSENCE FROM SCHOOL _____

PURPOSE OF FIELD TRIP ACTIVITY _____

Student Name: _____

Parent Name: _____

Emergency Contact Phone Number _____

A **parent or legal guardian** shall be responsible for taking this student and assume all legal responsibilities for this student on the date and time and at the location agreed to below:

Person Receiving Student: _____

Transfer Location: _____

Date: _____

Exact Time: _____

Parent/Guardian Primary Phone: _____

Parent/Guardian Secondary Phone: _____

I hereby authorize the school chaperone, principal, nurse, or staff member to transfer my child to the person identified above under the terms agreed upon above. I also understand that the school does not provide accident insurance for students, and I will not hold the River Valley School District liable for any and all activity upon transfer of said student.

I also understand that under no circumstances will the student be permitted to leave the field trip other than in the company of the parent or guardian identified above under the terms agreed above.

Signature of Parent/Guardian: _____

Date: _____

Signature of Building Administrator: _____

Date: _____