



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 SCHOOL TRIP ITINERARY MODIFICATION

ACTIVITY – SCHOOL TRIP DESTINATION _____
DEPARTMENT _____
DATE(S) OF ABSENCE FROM SCHOOL _____
PURPOSE OF SCHOOL TRIP ACTIVITY _____

Student Name: _____
Parent/Legal Guardian Name: _____
Parent/Legal Guardian Primary Phone: _____
Parent/Legal Guardian Secondary Phone: _____
Emergency Contact: _____
Emergency Contact Phone Number: _____

The parent/legal guardian named below shall be responsible for taking this student and will assume all legal responsibilities for this student on the date and time and at the location agreed to below:

Parent/Legal Guardian Receiving Student: _____
Transfer Location: _____
Date: _____
Exact Time: _____
Parent/Legal Guardian Receiving Student Primary Phone: _____
Parent/Legal Guardian Receiving Student Secondary Phone: _____

I hereby authorize the school chaperone, principal, nurse, coach or staff member to transfer my child to the parent/legal guardian 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 school trip other than in the company of the parent/legal guardian identified above under the terms agreed above.

Signature of Parent/Legal Guardian: _____

Date: _____

Signature of Building Administrator: _____

Date: _____