

**TYPE III FIELD TRIP FORM**  
**PARENTAL/GUARDIAN AUTHORIZATION FORM**



NATIONAL/INTERNATIONAL TRAVEL

A field trip to: Concordia Language Villages Bemidji MN  
Is planned by: SPANISH  
For the purpose of: Spanish Language Acquisition  
On (dates) May 14-17 2020 From: 8:00 AM (time) to PM Sunday (time)

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

**VERBAL APPROVAL WILL NOT BE ACCEPTED**

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Detach and Return Field Trip Parental Authorization

\_\_\_\_\_ Capital Hill \_\_\_\_\_  
Students Full Name School

\_\_\_\_\_ Family Name

Does this student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes \_\_\_ No \_\_\_

If yes, what is this problem and what special considerations should be made? \_\_\_\_\_

We understand that arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

I/we authorize \_\_\_\_\_ to participate in the field trip  
To Concordia Language Villages \_\_\_\_\_ on (date) \_\_\_\_\_  
The undersigned parent or guardian, on behalf of \_\_\_\_\_

In consideration of participation by the student in said field trip, herewith assumes all risks of said trip, and agrees to hold harmless Independent School District No. 625 for all damages for injury to a person or property arising out of any act not under control of said School District, including but not limited to the following: insurrection, revolution, air piracy, abduction, kidnapping, any act of aggression by a foreign government of its citizens, civil war or rebellion, and any act whether accidental or otherwise perpetuated by anyone not under the direct control of said School District.

\_\_\_\_\_  
Date Signature of Parent(s) or Guardian(s) (If more than one,  
both parents/guardians must sign.  
Telephone: Address:  
Day Time \_\_\_\_\_  
Emergency \_\_\_\_\_

TYPE III FIELD TRIP FORM  
PARENTAL/GUARDIAN AUTHORIZATION FORM



A field trip to: Concordia Language Villages Bemidji MN  
Is planned by: SPANISH  
For the purpose of: Spanish Language Acquisition  
On (dates) May 14-17 2020 From: Noon (time) to Afternoon (time)  
Thurs. Sunday

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

VERBAL APPROVAL WILL NOT BE ACCEPTED

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Detach and Return Field Trip-Parental Authorization

Students Full Name \_\_\_\_\_ School Capitol Hill

Family Name \_\_\_\_\_

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes \_\_\_ No \_\_\_

If yes, what is this problem and what special considerations should be made? \_\_\_\_\_

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

I/we authorize \_\_\_\_\_ to participate in the field trip

To Concordia Language Villages on (date) May

Date \_\_\_\_\_ Signature of Parent(s) or Guardian(s) \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
Day Time \_\_\_\_\_

Emergency \_\_\_\_\_