

PIQUA CITY SCHOOLS

PARENT CONSENT FOR TRIP

I, \_\_\_\_\_ (Parent's Name), permit my child,  
\_\_\_\_\_, to participate in the trip to  
\_\_\_\_\_.

- I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.
  
- I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date