

Irene-Wakonda School District No. 13-3

Secondary School
PO Box 5
Irene SD 57037
605-263-3313

Larry Baker, Supt/HS Principal
Deb Lyle, Elementary Principal
Pam Rudd, Business Manager

Elementary School
PO Box 268
Wakonda SD 57073
605-267-2644

UNIVERSAL FIELD TRIP PERMISSION FORM

I give permission for my child, _____, to accompany Irene-Wakonda
(please print)
School District Faculty/Staff Members and designated chaperones on field trips that are planned in the
current school year.

I understand that I will be notified of any cost, the date, and time of departure and the anticipated return
time(s).

I understand that some field trips will be spontaneous.

In granting permission, I assume responsibility for any damage to person(s) or property caused by my
child while they are participating on a field trip.

I agree that if it is necessary for my child to receive medical treatment during the course of the trip, I
will be responsible for any and all relevant medical or dental costs.

I agree that if the behavior or health of my child should result in him/her being sent home prior to the
expected return time, I will be responsible for necessary arrangements and expenses.

I agree that I will not hold the Irene-Wakonda School District responsible for any loss of property
included on field trips.

I understand that our family account must be current in order for my child to participate in non-academic
programs including field trips where a cost will be incurred. This policy will not apply to field trips with
a direct academic correlation (i.e., a grade is given as a result of field trip participation).

Please return this completed sheet to the school.

I _____ certify that I am the legal guardian of _____
(please print) (please print)

And I understand that all School Policies and Procedures, including Discipline and Behavior Policies
and the filed-trip specific principles outlined above, will apply to my child while on School Sponsored
Field Trips.

Parent/Guardian Signature: _____ Dated: _____