

School Name _____ Date ____ / ____ / ____

Teacher _____ Room # ____

List unusual activities, water activities or high risk activities (examples: rafting, snorkeling, rock climbing, skiing, etc.) as a special parent waiver may be required. Submit copy of contract or waiver to Risk Management for review before signing. Attach a detailed itinerary for each day

Signed _____
Teacher

Approvals:

_____/_____/_____
Principal Date

_____/_____/_____
Risk Management Dept. Date

_____/_____/_____
Segment Administrator Date

_____/_____/_____
Superintendent Date

_____/_____/_____