

The Ukrainian School of Chicago  
2200 West Rice Street  
Chicago, IL 60622  
www.ridnachicago.org



Школа Українознавства  
ім. В. Стуса в Чікаго  
при Товаристві «Рідна Школа»  
uprava@ridnachicago.org

## PARENTAL CONSENT FOR FIELD TRIP/STUDENT ACTIVITY

During the \_\_\_\_\_ school year, the students of Ukrainian School of Chicago, Inc., will be going on field trips to the Ukrainian National Museum, Ukrainian Institute of Modern Art, St. Nicholas Church, and St. Volodymyr and Olga Parish as pertinent to supplant their coursework. The students may go caroling to Selfreliance, Fifth Third Bank, and Ukrainian Village Ukrainian-owned businesses on Chicago and Western Ave in January.

Field trips will be noted in the syllabus when possible. Parents will also be notified by email that a field trip will occur on the next Saturday and the time of the school day that the field trip will occur.

Ukrainian School of Chicago, Inc., requires that the parents/guardians of a student who wishes to attend a field trip or student activity give written consent and provide insurance coverage information prior to departure. Please check the appropriate box and, if applicable, choose the appropriate insurance coverage.

**I give consent for my child, \_\_\_\_\_, to attend field trips/student activities during the \_\_\_\_\_ school year. My child's insurance coverage includes:**

Accident insurance. List insurance company and address: \_\_\_\_\_  
\_\_\_\_\_

No accident insurance, but I understand that medical expenses resulting from accidents that may occur on this trip/activity are solely my responsibility.

**I do not give consent for my child, \_\_\_\_\_, to attend field trips/student activities.**

In the event of my child's illness or injury, I hereby authorize Ukrainian School of Chicago, Inc. school personnel to provide emergency first aid and, if necessary, to take my child to the nearest hospital or emergency care facility. My signature below indicates that I agree to assume all responsibility and expenses incurred as a result of any emergency care needed. Should school or emergency personnel have difficulty reaching me, please contact:

\_\_\_\_\_  
Secondary Emergency Contact (Relation to Child) Phone

List any of your child's special medical conditions of which we should be aware in the event of an emergency (e.g., seizures, allergies, regular medications): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

If your child will require prescription medication, an Epi-pen or asthma inhaler, or non-prescription, over-the-counter medication during the field trip or student activity, you **MUST** complete and return the appropriate Consent and Physician Forms.

\_\_\_\_\_  
Parent/Guardian 1 Signature

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian 2 Signature

Phone: \_\_\_\_\_

Date: \_\_\_\_\_