



SEQUIM SCHOOL DISTRICT FIELD TRIP PARENT PERMISSION

As a parent(s) or guardian(s) of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to give permission for the following:

_____	_____
(Student's Name)	(Purpose)
_____	_____
(School Name)	(Teacher's Name)
_____	_____
(Date of Trip)	(Return Permission Slip By)

Transportation for this activity will be provided by:

- District bus/vehicle by district staff
- District is not providing transportation. Parents arrange transportation for their child.
- Private vehicle by an employee of Sequim School District
- Other (e.g. - walk, bicycle, etc.)

_____	_____
(Student's Address)	(City, State, Zip)
_____	_____
(Student's Home Phone)	(Student's Date of Birth)
_____	_____
(Family Physician)	(Physician's Phone)

List any medical conditions, medication information or allergies the district should be made aware of

In the event of an emergency, I wish the following person(s) to be notified in case I cannot be contacted

_____	_____
(Name #1)	(Phone Number)
_____	_____
(Name #2)	(Phone Number)

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Sequim School District, its School Board and Employees, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the Sequim School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

My child has medical/accident insurance: Yes No

Being fully informed as to these risks, I hereby consent to my child participating in this Field Trip
Parent(s)/Guardian(s) Signature

_____	_____	_____
(Date)	(Work Phone)	(Home/Cell Phone)

STUDENTS WHO DO NOT RETURN THEIR PERMISSION SLIPS WILL NOT BE PERMITTED TO ATTEND THE FIELD TRIP