

Marysville School District No. 25
Permission for Participation in Field Trip Activity

School _____ Teacher _____ Grade _____ Today's Date _____

Date of Trip: _____ **Departure time:** _____ **Return time:** _____

Purpose: _____

Destination: _____

Transportation for this activity will be provided by:

District vehicle Private vehicles / staff or volunteers* Walking Other: (please specify) _____

*I understand that if my child is being transported via private vehicle the vehicle owner's insurance is primary and the district's liability, if any, would only be in excess of the limits carried by the owner of the vehicle. I also understand that I must provide a booster seat for my student if they are less than eight years old and under 4'9" tall.

Student Name _____ Parent/Guardian Name _____

I hereby give permission for my student to participate in a field trip: No Yes **if yes, please complete information below**

Student Address _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

- In case the parent cannot be contacted in the event of an emergency (injury, illness) at the numbers listed above, the following persons should be notified:

Name _____ Phone Number (____) _____

Name _____ Phone Number (____) _____

My student has these medical / health concerns: _____

Medical Information

Known allergies (drug and natural):	
Any physical or medical restrictions	
Current medications	
Family doctor name	
Doctor's telephone	

Insurance Information (not mandatory)

Insurance company name	
Policy number	

- Do you wish to have your child excluded from any **public photo opportunities** which may take place during this excursion? Yes No
- **By my signature below**, as parent/legal guardian, I authorize a qualified physician to examine the above-named student in the event of injury, and to administer emergency care and to arrange for consultation by a specialist, if deemed necessary, to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any such treatment.
- I have read the attached itinerary/information letter and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of risks inherent in participation in the type of proposed activities, including physical injury, or other consequences which might arise. If I have questions, I understand I can call the school at (360) _____.
- Having read all of the above, I give my permission for my child to participate in this activity.

Parent/Guardian Signature _____ **Date** _____