

# KHS FIELD TRIP PERMISSION SLIP

## FIELD TRIP INFORMATION

I hereby give my permission for \_\_\_\_\_,  
(Name of student)

who attends Kelso High School, to participate in a field trip to \_\_\_\_\_

on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

For the purpose of : \_\_\_\_\_

Class/Club/Team: \_\_\_\_\_

Staff contact: \_\_\_\_\_

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

Transportation for this activity will be provided by: **Kelso School District**

Lunch will be provided (choose one):  From home  By the school

I received a detailed itinerary of the trip  Yes  No

I received a list of things the student should/should not bring  Yes  No

## MEDICAL/EMERGENCY INFORMATION

Student home phone #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student's Address \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities:  None - or -

Describe: \_\_\_\_\_

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

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## ***INFORMED CONSENT***

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there are risks of physical injury associated with participation in these activities.

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. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

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*Signature of parent/guardian*

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*Date*

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*Printed name of parent/guardian*

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*Parent/guardian work phone*

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*Home phone #*

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*Cell phone #*

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

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*Signature of student*

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*Date*