

## Lake Washington School District School District Parent/Guardian Field Trip Informed Consent Form

I hereby give my permission for	
who attends	name of student)
	school)
to participate in a field trip to(	destination)
on/ for the purpose of	
(date) Transportation for this activity will be provided by:	
☐ District bus/vehicle ☐ Other	
As parent, or legal guardian, I authorize a qualified in the event of injury to administer emergency care including a surgeon, as deemed necessary to insur effort will be made to contact parent or guardian to involved treatment.	e proper care of any injury. I understand that every
In the event it becomes necessary for Lake Washin emergency care for your student, neither the staff-in assumes financial liability for expenses incurred be circumstances.	gton School district staff-in-charge to obtain n-charge nor Lake Washington School District cause of accident, injury, illness, and/or unforeseen
Student address:	
Student home phone:	Date of birth:
Describe any medical condition, including allergies	that could impact the student's field trip experience:
□ None □ See below	
On the line below, please print parent/guardian nar	me, and home, work and/or cellular phone number:
In the event of an emergency (injury, illness and ur notified in case the parent/guardian cannot be confi	nforeseen incident), the following person must be cacted:
Name:	Phone:
I have read the attached itinerary and understand that the provide a safe environment during the field trip. As the provide a safe environment during the field trip.	ne school district will make every reasonable effort to parent/guardian of the above named student I understand in in these activities including physical injury, and/or other
I received a detailed itinerary	□ yes □ no
I received a list of things to bring (if any)	□ yes □ no
Signature of parent or guardian	Date

Parent/Guardian Secondary Field Trip "Permission Slip" 9/09

