



ASSUMPTION OF RISK / PARENTAL PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a field trip/activity, I hereby acknowledge that I have read, understood and agreed to the following:

- 1. I acknowledge that participating in the field trip/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 & vehicle accident while transporting to and from the trip. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. (Parent/Guardian Initial)_____
2. I certify that I have adequate insurance to cover any injury that may be sustained by my child and cover any injuries or damages that may be caused by my child, or else I agree to bear the costs of such injury or damage myself. (Parent/Guardian Initial)_____
3. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. (Parent/Guardian Initial)_____

Transportation provided by: [X] Bus [] Van [] Charter [] Other: _____

Overnight Trip: [] Yes [X] No If "Yes", provide name/location of lodging _____

School Leaders in Learning _____ Departure Time 10:30 AM Return Time 5:15 PM

Student cost* \$0 Adult cost \$0 Make checks payable to: _____

Teacher/staff member(s) in charge Blake Baird/JeNell Buchanan [] Check if interested in chaperoning for this trip

Name of person chaperoning _____

I hereby give my permission for _____, to participate

on January 24, 2019 (Date(s)) for the purpose of Dear Evan Hansen Matinee - The Paramount, Seattle, WA (Student's name) (Event/Location)

Student's address: _____

Student's home phone # _____ Date of birth: _____

Family Physician: _____ Phone # _____

Medical conditions, medication information or allergies district should be made aware of:

Teacher please note: If parent/guardian provides medical information above, copy of this form must be promptly provided to nurse.

Medication on a Field Trip

A district medication authorization form must be signed by both the parent and physician in order for a student to receive medication on a field trip. Students currently receiving medication at school must have a physician sign a new authorization form only when the field trip extends beyond the hours of the school day and the current order does not include dose(s) received during the hours of the field trip. Medication must be delivered to the school in a pharmacy labeled or original container.

Medication to be taken while on field trip:

Medication _____ Dose _____ Time _____ Other Info _____

Medication _____ Dose _____ Time _____ Other Info _____

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

Name: _____ Phone #: _____

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand an 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, the district does not assume financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of parent/guardian

Date

Work phone

Home phone