

**WALLA WALLA SCHOOL DISTRICT
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM**

Field trip information

I hereby give my permission for _____
(Name of student)

who attends _____
(Name of school)

to participate in a field trip to _____
(Destination)

on _____ from _____ to _____
(Date) (Time departs) (Time returns)

for the purpose of _____

Class/Club/Team: _____

Staff contact: _____ Phone #: _____

Transportation for this activity will be provided by:
_____ District bus/vehicle
_____ Other (specify) _____

Food will be provided at/by: _____

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 #: _____

Insurance Information: _____

Does the student have any medical or physical condition, medication information, or allergies which could interfere with the student's safety? Yes _____ No _____

If yes, please describe:

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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 #: _____

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 schools published rules and regulations.

Signature of parent/guardian

Date

Printed name of parent/guardian

Parent/guardian work phone

Home phone #

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.

Signature of student

Date