

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

The educational program for children attending the Walla Walla Public Schools includes a variety of possible field trips to the community throughout the year. Field Trips provide students with real life experiences that support their daily classroom activities.

This once-a-year Parent Permission/Emergency Information/Informed Consent Form is to be completed by the parent or guardian of each child in the school. The slip should be returned to your child's teacher as soon as possible. Parents will be notified prior to each class field trip by their child's teacher. Notification will usually occur in the form of a note sent home that explains when and where the students will be going, what they need to bring and who the parents can contact in order to ask questions about the field trip.

I hereby give my permission for _____
(Name of student)
to participate in field trips for the _____ school year.

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:

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 understand that there are risks of 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 #