

**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