

Stevenson-Carson School District 303

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**PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM
Wind River Middle School and Stevenson High School (509) 427-5631**

I hereby give my permission for _____
(Name of student)
who attends Wind River Middle / Stevenson High School to participate in a field trip to :

_____ on _____
(Destination) (Date)
from _____ to _____.
(departure) (return)

Purpose of field trip: _____

Staff contact: _____ **Phone # (c)** _____

Transportation for this activity will be provided by: _____

Medical/emergency information

Student home phone #: _____ Date of birth: _____
Student's Address _____
Family Physician: _____ Phone #: _____

Describe any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities: ___ None - or -
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 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 school's 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*

Parent Consent Form 0302cb16

TRIP ITINERARY:
DEPARTURE:
RETURN: