

PARENT/GUARDIAN PERMISSION FOR OVERNIGHT STUDENT TRAVEL

This form must be completed and submitted **to office one-month** prior to travel.

Field Trip Planning information – filled out by staff member

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_ Time Departs: \_\_\_\_\_ Time Returns: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Transportation: (check appropriate category)

☐ District Vehicle/Employee Driver

☐ Private Vehicle/Student Driver

☐ District Vehicle/Non-Employee Driver

☐ Private Vehicle/Parent Driver

☐ Private Carrier (e.g., Whatcom Transit Authority)

☐ Private Vehicle/Adult Volunteer Driver

***Medical/emergency information (to be completed by parent/guardian)***

I hereby give my permission for (student name): \_\_\_\_\_ to participate in a field trip.

Student home phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please check all that apply:** (Note: Any medication brought on a school-sponsored event or activity requires a written authorization for medication administration to be on file, in accordance with school policy. This includes any staff administered, self administered and over the counter medications.)

☐ No special considerations/needs.

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

☐ Special dietary considerations \_\_\_\_\_

☐ Other medical conditions that school staff need to be aware of, please describe: \_\_\_\_\_

**Hold Harmless- In consideration of this student being allowed to participate in the above activity, I agree to hold the district harmless from any claim by or against it arising out of an negligent or wrongful actions by the student.**

I give permission for the school to seek the services of a licensed medical person in case an accident or illness requiring medical aid for this student.

☐ My child ***has*** a Life- Threatening Health Condition

☐ My child ***does not have*** a Life-Threatening Health Condition

Signature of parent/guardian \_\_\_\_\_ Printed name of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_