

Permission Slip and \$26.00 fee due by December 12th

T-103
10/00

EDMONDS SCHOOL DISTRICT NO. 15

PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

EDMONDS



PLACE ALL PERMISSION SLIPS IN THE BOX OUTSIDE THE HEALTH ROOM.

Student Name _____ School Madrona School Date _____

GENERAL INFORMATION

The middle school is planning a trip to Nordic Heritage Museum/Fremont

Purpose of trip Immigration unit

Trip Destination Nordic Heritage Museum/Fremont Phone No. (206) 789-5707

Address 3014 NW 67th St., Seattle WA 98117 / Fremont center Place of Lodging Na

We will leave from Madrona School at 9:30 AM PM

on (date) January 4, 2012 We will return to the school on (day) Wednesday (date) Jan 4th

at 2:30 AM PM

Attending: number of students 145 minimum number of chaperones 20

TYPE OF TRANSPORTATION

District Vehicle Commercial Transportation District Bus Other (explain) _____

MEDICAL INFORMATION

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) _____

The following medications, prescriptions or special diets are needed: _____

MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Medical insurance? _____ yes _____ no

Student accident insurance is available through Excel Serv. It is recommended that all students have medical or student accident insurance. Contact the school office for details.

Name of Preferred Doctor _____ Phone (_____) _____

Name of Insurance Carrier _____ Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact Brad Proffitt (proffittb@edmonds.wednet.edu)

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I give consent for (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (_____) _____

Home Address _____ Evening Phone (_____) _____

Emergency Contact _____ Emergency Phone (_____) _____

Signature of Parent/Guardian _____ Date _____

Parent/guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.