

CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

* Student Name: _____ Date: _____

General Information: Return this form to your child's school before Friday, 3/13 and keep any attachments for your information.

The <u>Science Department</u>	
is planning a trip to: <u>do tree planting</u>	
The purpose of this trip is: <u>Plant trees along Chimacum Creek.</u>	
Trip destination: <u>Chimacum Creek Location</u>	Phone: _____
Address: <u>Near the School</u>	
Place of Lodging (if applicable): <u>N/A</u>	
We will leave from: <u>Class</u>	Date/Time: <u>3/25 during class</u>
We will return to: <u>Class</u>	Date/Time: <u>3/25 " "</u>

Itinerary Attached List of Items Attached

Number of Students Attending: <u>27</u>	Number of Adults Attending: <u>2 to 3</u>
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Type of Transportation: District Vehicle District Bus Walking Private Vehicle

Commercial Transportation (describe): _____ Other _____

Information below is to be completed by the guardian of the student.

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.)

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The following medications, prescriptions or special diets are needed:

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

Name of Preferred Doctor: _____	Phone: _____
Name of Insurance Carrier: _____	

This activity provides a learning experience for students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Guardian Name: (print) _____	Home Phone: _____
Address: _____	Work Phone: _____
Guardian Signature: _____	Emergency Phone: _____

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