

CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

* Student Name: _____ Date: Friday, January 8

General Information: Return this form to your child's school before Friday, January 8 and keep any attachments for your information.

The <u>CMS Science Dept</u>	
is planning a trip to: <u>Chimacum Creek</u>	
The purpose of this trip is: <u>Plant Trees</u>	
Trip destination: <u>Across the Street</u>	Phone: _____
Address: <u>9492 Rhody Drive</u>	
Place of Lodging (if applicable): <u>N/A</u>	
We will leave from: <u>CMS</u>	Date/Time: <u>1/14/16 During Science</u>
We will return to: <u>CMS</u>	Date/Time: <u>1/14/16 After Science</u>

Itinerary Attached List of Items Attached

Number of Students Attending: <u>24</u>	Number of Adults Attending: <u>2+</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.)

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 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: _____