

# CHIMACUM SCHOOL DISTRICT

## Field Trip Permission Form

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:** Return this form to your child's school before Monday, Mar 27, 2017  
and keep any attachments for your information.

The <b>CMS 6th Grade Team</b>	
is planning a trip to: <b>Finnriver Farms</b>	
The purpose of this trip is: <b>Climate Change Education &amp; Tree Planting.</b>	
Trip destination: <b>Finnriver Farms</b>	Phone: <b>360-302-5944 (CMS)</b>
Address: <b>124 Center Road, Chimacum, WA 98325</b>	
Place of Lodging (if applicable): <b>Not Applicable</b>	
We will leave from: <b>CMS</b>	Date/Time: <b>3/31/17 at 8am</b>
We will return to: <b>CMS</b>	Date/Time: <b>3/31/17 at 2:10pm</b>

Itinerary Attached ☐ List of Items Attached ☐

Number of Students Attending: <b>62</b>	Number of Adults Attending: <b>5</b>
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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:



**NORTH OLYMPIC SALMON COALITION**  
*Restoring wild salmon habitat on the North Olympic Peninsula*

[www.nosc.org](http://www.nosc.org)



## Photo and Video Release Form

I hereby grant permission to the North Olympic Salmon Coalition (NOSC) and Finnriver Farm and Cider to use my or my minor child's photograph and/or video likeness. I understand that the photograph(s) and video(s) may be used in a publication (e.g., reports, newsletters, brochures) or in electronic media (e.g., PowerPoint, social media, or web site).

I acknowledge that NOSC may choose not to use my or my child's photo or video at this time, but may do so at its own discretion at a later date.

**I hereby confirm that I have the legal right to consent to and do consent to the terms and conditions above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

# CHIMACUM SCHOOL DISTRICT

## Field Trip Permission Form

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:** Return this form to your child's school before \_\_\_\_\_ and keep any attachments for your information.

Monday, Mar 27, 2017

The CMS 6th Grade Science Department	
is planning a trip to: Chimacum Creek	
The purpose of this trip is: to collect water quality data using handheld probes.	
Trip destination: Under bridge near Cenex.	Phone: 360-302-5944 (CMS)
Address: Right by the school campus, road access.	
Place of Lodging (if applicable): Not Applicable	
We will leave from: CMS	Date/Time: Several days during Science.
We will return to: CMS	Date/Time: Several days during Science.

Itinerary Attached ☐ List of Items Attached ☐

Number of Students Attending: 20	Number of Adults Attending: 1
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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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Guardian Name: (print)	Home Phone:
Address:	Work Phone:
Guardian Signature:	Emergency Phone: