CHIMACUM SCHOOL DISTRICT
Field Trip Permission Form

✳ Student Name _____   Date _____

General Information   Return this form to your child's school before *the end of the week* and keep any attachments for your information

The **6th grade Science Dept.**	
is planning a trip to: **Chimacum Creek**	
The purpose of this trip is: **to test the water quality.**	
Trip destination: **Under the bridge near Cenex.**	Phone:
Address: **Near the school off the main Road.**	
Place of Lodging (if applicable): **N/A**	
We will leave from: **Science Class**	Date/Time: **Beginning of Period**
We will return to: **Science Class**	Date/Time: **Before Class Ends**

Itinerary Attached ☐   List of Items Attached ☐

Number of Students Attending: **18 to 28**	Number of Adults Attending: **1**

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: