

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 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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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: