

# CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

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

**General Information:** Return this form to your child's school before April 18, 2014 and keep any attachments for your information.

|   |   |
|---|---|
| The <u>6<sup>th</sup> grade Science Program</u>               |   |
| is planning a trip to: <u>Chimacum Creek</u>                  |   |
| The purpose of this trip is: <u>to test the water quality</u> |   |
| Trip destination: <u>Creek under the bridge to Cenex.</u>     | Phone: _____  |
| Address: <u>Right by the school.</u>                          |   |
| Place of Lodging (if applicable): <u>N/A</u>                  |   |
| We will leave from: <u>Room 410</u>                           | Date/Time: <u>Varies } takes</u>                      |
| We will return to: <u>Room 410</u>                            | Date/Time: <u>Varies } 20 to 30 minutes each day.</u> |

Itinerary Attached  List of Items Attached

|   |                                      |
|---|--------------------------------------|
| Number of Students Attending: <u>21</u> | Number of Adults Attending: <u>1</u> |
|---|--------------------------------------|

**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.)

X

The following medications, prescriptions or special diets are needed:

X

**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.

X

|                                  |              |
|----------------------------------|--------------|
| 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.

X

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