

PARENT PERMISSION TO PARTICIPATE IN FIELD TRIP

Kittitas School District -- SCHOOL NAME: \_\_\_\_\_

Dear Parent:

This form is used to keep you informed of school activities that take place beyond our actual school premises and to secure permission for your child's participation in such activities.

We feel that no student should be permitted to attend a field trip without parental permission for we believe our school should be protected against ordinary risks inherent in any such activity, therefore, no student will be allowed to attend the field trip without this form in hand or on file prior to the date of the field trip.

Kittitas School District is providing adult supervision and will be taking precautions to protect the well-being of all attendees; however accidents can and do occur at events such as these. Any medical bills due to injuries during the field trip are the responsibility of the students, parents, or guardians.

Field Trip Location: \_\_\_\_\_ Date \_\_\_\_\_ Type of Transportation: \_\_\_\_\_

Please see attached sheet describing the field trip activities and any risks you should be aware of. Students are required to make the return trip by the same mode of transportation unless special permission is requested in writing by the parents and said request presented to the teacher in charge prior to the day of the trip.

Name of Student: \_\_\_\_\_

PARENT PLEASE COMPLETE THIS SECTION AND RETURN THE ENTIRE FORM TO YOUR STUDENTS TEACHER

Permission is granted  Permission is NOT granted

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ 1<sup>st</sup> Emergency Contact Phone #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ 2<sup>nd</sup> Emergency Contact Phone #: \_\_\_\_\_

In consideration of the advantages of this field trip, I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse Kittitas School District No. 403, its agents and employees, from and against any claim which I, my student, or any other person may now or hereafter have for on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from, or arising out of my student's participation in the field trip.

If my child has a medical condition that requires health services and/or medication(s) on this field trip, I have indicated those needs to in the space provided below.

Medical condition or health concerns (severe allergies or relevant medical conditions):

\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

I have read and understand this document and hereby consent to my student participating in the activity as described.

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