



I hereby give my permission for _____
(name of student)

who attends _____
(school)

to participate in a field trip to _____
(destination)

on ____ / ____ / ____ for the purpose of _____
(date)

Transportation for this activity will be provided by:

- District bus/vehicle
- Other _____

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student home phone: _____ Date of birth: _____

Describe any medical condition, including allergies that could impact the student's field trip experience:

- None
- See below

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

In the event of an emergency (injury, illness and unforeseen incident), the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

- I received a detailed itinerary yes no
- I received a list of things to bring (if any) yes no

Signature of parent or guardian

Date

Lake Washington School District #414
HEALTH SERVICES

EXTENDED FIELD TRIP EMERGENCY INFORMATION

DATE _____
NAME OF STUDENT _____ SCHOOL _____
PARENT/GUARDIAN NAME _____ HOMEPHONE _____
MOTHER'S WORK PHONE _____ FATHER'S WORK PHONE _____
EMERGENCY CONTACT _____ PHONE _____
STUDENT'S HEALTH CARE PROVIDER _____ PHONE _____

I GIVE PERMISSION FOR MY STUDENT TO BE TAKEN TO A HEALTH CARE PROVIDER FOR TREATMENT, IF NEEDED.

YES ___ NO ___ OTHER _____

Is your student covered on a medical plan or policy? YES ___ NO ___

If yes, please provide the following information:

Name of insurance company _____ Policy Number _____

Policy holder _____



WILL YOUR STUDENT BE BRINGING ANY MEDICATIONS ON THE FIELD TRIP?

YES ___ NO ___

If yes, please complete the enclosed medication form. This must be filled out by the health care provider in order for District Personnel to administer the medication.

ALL MEDICATIONS, NUTRITIONAL SUPPLEMENTS, AND OVER-THE-COUNTER REMEDIES REQUIRE A HEALTH CARE PROVIDERS ORDER.

NO STUDENT MAY SELF-MEDICATE with the exception of inhalers/EpiPens. All students who carry an inhaler/EpiPen must have both the parent and health care provider sign the medication form.

ALL MEDICATIONS MUST BE LABELED CORRECTLY with the student's name, name of the medication, dosage, time the medication is to be given, expiration date, health care provider's name and the date the prescription was filled.

Medications **must** be brought to school at least one week prior leaving on the field trip to insure that all of the above requirements have been met.

Does your student have allergies, hay fever, asthma, or other medical concerns? List specific symptoms. _____

Does your student have any other personal problems such as bed wetting, sleep walking etc?

