



I hereby give my permission for \_\_\_\_\_  
(name of student)

who attends ENVIRONMENTAL & ADVENTURE SCHOOL (EAS)  
(school)

to participate in a field trip to LEAVENWORTH, WENATCHEE & CHELAN, WASHINGTON  
(destination)

on 4/24/2023 to 4/28/2023 for the purpose of: community building and teamwork, personal challenge, exploration and adventure (mountain hiking, kayaking, indoor rock-climbing, high-ropes, bowling), agritourism and learning about local ecosystems.

Transportation for this activity will be provided by: rented passenger vans

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: \_\_\_\_\_

Parent 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 received the trip itinerary and understand that the school district will make every reasonable effort to provide a safe environment during this learning excursion. 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/excursions and that serious non-compliance on the part of a student will result in contacting parents to pick up their child for the remainder of the week.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date