

## CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

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

Return this form to your child's school before \_\_\_\_\_ and keep any attachments for your information.

### GENERAL INFORMATION

Name of Program/Class:	
is planning a trip to:	
The purpose of this trip is:	
Trip destination:	Phone:
Address:	
Place of Lodging (if applicable):	
We will leave from:	Date/Time:
We will return to:	Date/Time:

Itinerary Attached  List of Items Attached

Number of Students Attending:	Number of Adults Attending:
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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.)

The following medications, prescriptions or special diets are needed:

**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: