

Field Trip Consent Form and Health Questionnaire

To be used for Local or Extended Instructional, Reward or Celebration Activity Field Trips.
All field trips are subject to requirements specified in District Policy 2320 & Regulation 2320.1R and 2320.3R.

PLEASE SIGN AND RETURN TO YOUR CHILD'S TEACHER IMMEDIATELY

I hereby give permission for _____ to
(student first and last name)
participate on the _____ IDEA All-School Retreat _____ in _____ Olympia, WA
(name of field trip) (city, state)
on _____ August 31-September 1, 2023 _____ with _____ Tacoma School of Industrial Design, Engineering, and Art
(date{s}) (Field Trip Lead/School/Org)

Signature of Parent or Guardian: _____ Date: _____

*NOTE: Siblings of students are not allowed to attend field trips.

I would like to chaperone. Name _____ Phone # _____

Student Emergency Information

Parent/Guardian Name: _____

Home Address: _____

Telephone: Home (_____) _____ Work (_____) _____

Student's Healthcare Provider: _____ Phone: _____

Health Insurance Provider: _____ Policy #: _____

List below the name of another person(s) to contact if you cannot be reached in an emergency:

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

In the event of an accident or illness, every effort will be made to contact the parent or guardian immediately. However, if the parent or guardian is not available, the School District will secure emergency medical care as needed.

- I understand that it is my responsibility to inform the school if there are changes in my child's health.
- I understand that the above information may be shared with school district staff or supervising volunteers as needed to protect the health and safety of the student and to plan for a safe environment conducive to learning.
- I authorize the Tacoma School District to secure emergency medical care as needed.

Signature of Parent or Guardian: _____ Date: _____

Student Name: _____ Date of Birth: _____ Grade: _____

1. Does your child have any known allergies? YES NO

If yes, specify allergen(s): _____

Reaction & Treatment: _____

2. Does your child have any food or dietary restrictions? YES NO

If yes, Explain: _____

3. Does your child have any life-threatening health concerns? YES NO

If yes, Specify: _____

4. Does your child have any medical conditions that require accommodation in order to participate in the trip? YES NO

If yes, specify: _____

5. Does your child require ANY prescription medication(s), supplements, and/or over-the-counter medication during the trip (i.e. ibuprofen, inhaler)? YES NO

If yes, specify: _____

If yes, complete the outlined steps below:

- a. Obtain a **Physician's Order for Medication at School** form from your child's health care provider.
 - ✦ Each medication requires a separate medication order form, including over the counter medication.
 - ✦ A physician's medication order is required for students to self-carry medication.
- b. Bring the completed **Physician's Order for Medication at School** form **AND** your child's medication to the school Health Room to be reviewed by the school nurse.
 - ✦ Medication(s) must be provided by the student's parent or guardian.
 - ✦ All medication must be unexpired and in a labeled, pharmacy container that matches the doctor order.
 - ✦ If your child already has medication at school, **check with the School Nurse to determine if the current school medication orders on file are adequate.** If so, your child's medications will be sent to on the overnight trip with a school staff member and administered as directed.

If the above steps are not completed, your child will not be eligible to receive medication on the trip. If the medication is related to a life-threatening condition, your child will be restricted from participating.

Medication paperwork & Medication(s) due by _____

Signature of Parent or Guardian: _____ Date: _____