

**FIELD TRIP ACTIVITIES CONSENT/CLEARANCE FORM**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

**TRIP INFORMATION:** *(To be completed by the field trip organizer)*

A well planned field trip is an integral part of an educational program. The Snohomish School District takes care in providing for the safety and welfare of students while they are off campus. Supervision is provided by responsible staff members and/or volunteers.

Staff Member in Charge: \_\_\_\_\_ Grade Level/Dept.: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Cost for trip: \_\_\_\_\_ Payment date: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Mode of Transportation:

- District-Owned: Bus  Van  Car

I have verified drivers of District vehicles are employed by the District and have a Type 1 (renewed annually) on file.

- Other (specify) \_\_\_\_\_

(Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.)

**PARENT/GUARDIAN CONSENT:**

Parents should sign after all teachers have signed and/or commented on back (Secondary Only)

As a parent or legal guardian, I authorize a qualified physician or other health care provider to examine the above-named student and, in the event of injury, to administer emergency care and to ensure proper care of any injury as deemed necessary:

Yes  No

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

I have read the trip information and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of any risks inherent in participating in this type of activity. Being fully informed as to these risks, I hereby consent to my child participating in the activity. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify Snohomish School District for any claims brought by the minor, or others due to the negligence of the minor.

Student's Name: \_\_\_\_\_

Printed name of Guardian name (1): \_\_\_\_\_ (H) Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ (C) Phone #: \_\_\_\_\_

Printed name of Guardian name (2): \_\_\_\_\_ (H) Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ (C) Phone #: \_\_\_\_\_

***LIST ANY SPECIAL MEDICAL or OTHER INFORMATION (allergies, asthma, diabetes, etc.)***

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

In the event of an emergency (injury, illness), I wish the following person to be notified in case I cannot be contacted:

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone#: \_\_\_\_\_

**Teacher Input/Comments (Secondary Only)**

Period 1: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recommended  Not Recommended

If not recommended, why: \_\_\_\_\_

Missed work instructions: \_\_\_\_\_

Period 2: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recommended  Not Recommended

If not recommended, why: \_\_\_\_\_

Missed work instructions: \_\_\_\_\_

Period 3: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recommended  Not Recommended

If not recommended, why: \_\_\_\_\_

Missed work instructions: \_\_\_\_\_

Period 4: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recommended  Not Recommended

If not recommended, why: \_\_\_\_\_

Missed work instructions: \_\_\_\_\_

Period 5: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recommended  Not Recommended

If not recommended, why: \_\_\_\_\_

Missed work instructions: \_\_\_\_\_

Period 6: \_\_\_\_\_ Teacher: \_\_\_\_\_

Recommended  Not Recommended

If not recommended, why: \_\_\_\_\_

Missed work instructions: \_\_\_\_\_