

## STUDENT TRIP PERMISSION FORM

### To be filled out by staff/school:

Staff Name: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

Place/Activity: \_\_\_\_\_ Depart Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Please provide details of the trip and activities students will participate in or attach a letter to families with that information. For overnight trips, include eating and sleeping arrangements:

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

Transportation (check one) Completion of 2320 F-4 required for all district and private vehicles below\*

_____ District Bus/Vehicle	_____ District Vehicle/Employee or Adult Volunteer Driver*
_____ Private Vehicle/Employee Driver*	_____ Private Vehicle/Adult Volunteer Driver*
_____ Public Transportation	_____ Private Carrier _____
_____ Walk	_____ Other _____

### To be filled out by Parent/Guardian:

**Student Name:** \_\_\_\_\_

**Medical Information:** In the space below list special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special dietary needs. It is the responsibility of the parent/guardian to notify the staff of any life-threatening allergies: \_\_\_\_\_

\_\_\_\_\_

Each student participating in an overnight trip who will bring and/or use any medication during the trip must submit an Overnight Field Trip Medication Request Form 2320F-7 signed by the parent/guardian and licensed health care provider, if applicable; at least five days prior to the trip.

**Awareness of Risk:** Although I understand that Bellingham Public Schools will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in my child's participation in this activity. I accept full responsibility for the behavior of my child during this activity. In the event of an injury or illness I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached the adult in charge will secure emergency medical care as needed.

**Additional information for walking or public transportation field trips:** If you would like to discuss the safety accommodations for this walking or public transportation field trip for your child, check the box and a staff member will contact you. ☐ Yes, I need to discuss the field trip.

Being fully aware of the risks, I hereby give my consent for the above-named student to participate in the above-mentioned activity.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (for grades 6-12)

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Phone Number: Home/Cell/Work

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Emergency Contact Phone Number