Lake Washington School District #414
Parent / Guardian Safety Patrol
Permission / Informed Consent Form

I hereby give my permission for _____, who attends Thoreau Elementary to be a member of the school Safety Patrol for the 2025-2026 school year.

As the parent/ guardian of the above-named child, I acknowledge that being a school safety patrol member entails known and unanticipated risks. Students are stationed in close proximity to vehicular traffic, and there is always a chance of physical or emotional injury. A school safety patrol member is also exposed to standing, walking and being outdoors in the sun and inclement weather. The school district will provide training and has purchased student accident insurance for all safety patrol members while at their post performing school safety patrol duties.

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In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parents immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed. As Parent or legal Guardian, I authorize a qualified physician to examine the above-named student and in the event of an injury to administer emergency care and arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care. I certify that my child has no medical or physical condition that could interfere with his/her safety while serving as a member of the School Safety Patrol.

Student Address: _____

Student Home Phone: _____ Date of Birth: _____

In the event of an emergency (injury, illness) the following person must be notified in case the parent / guardian cannot be contacted:

Name: _____ Phone: _____

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As the parent / guardian of the above named student patrol candidate I have read the information and understand that the school district will make every reasonable effort to provide proper training and supervision for my child in his/her service as a member of the School Safety Patrol. I am fully aware of any special dangers and risks inherent in participating in this activity, including physical injury and other consequences arising from these activities,

Name of Parent or Guardian: _____

Signature: _____

Date: _____ Daytime Phone: _____