

OFFICE USE

RESET FORM

Dear Parent(s): _____ is planning a trip to: _____
Class / Group / Teacher NameDestination

Date of Departure: _____ Time: _____ Place of Departure: _____
Date of Return: _____ Time: _____ Place of Return: _____
Means of Transportation: _____ Food Cost: _____ Other Cost: _____
Total Cost of the trip will be: _____ Other Information: _____

To ensure that your child will derive the greatest benefit from the trip, suitable and comfortable shoes and clothing should be worn. If there is an undue delay in returning home the advisor will notify the school.

School PhoneSignature of Teacher / Advisor

Parent/Guardian: Please sign and return lower portion of this form.

Revised March 2024

I give my permission for _____
Student Name
to participate in the above described field trip on _____
Date
under conditions stated in this notice. I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of an emergency; however, in the event of sickness or accident, I will not hold the Lake Stevens school District No. 4 or the field trip leaders responsible. In case of sickness or accident, I authorize the providing of necessary medical services at my expense.

☐ My child has NO Health Concern / Medication / Emergency Care Plan. Skip to signature line below.

OR

☐ My child has a Health Concern / Medication / Emergency Care Plan. Please fill in the box to the right.

I authorize the school personnel to assist with the medications for my child as ordered by the physician. I understand that trained, non-medical school personnel may assist with this medication.

You may order your student a sack lunch. See order form enclosed.

Students with a Health Concern / Medication / Emergency Care Plan

Student's health concern is (include non-medicated health concerns): _____

Student's typical reaction: _____

For medication already reviewed and being administered by the school RN:

☐ I request that the field trip coordinator use the medication prescribed currently stored in the school health room. All medication and health care forms are to be returned to the health room upon return to school.

☐ I will bring in **additional** medication, already on file and reviewed by the school RN, for the school to administer. This will be given to the school nurse prior to the field trip.

OR

For NEW medication to be reviewed and approved by the school RN:

☐ I will bring **new** medication to school in the original prescriptive container labeled with my child's name, medication, dosage, frequency of medication and a signed Authorization for Administration of Medication form to the school nurse at least 72 hours prior to the field trip.

☐ I plan to attend the field trip and **I will bring and administer** any medication needed for my child.

Signature of Parent or Legal GuardianDatePhone #1Phone #2

If a parent cannot be reached, person to call in an emergencyRelationshipPhone

HEAD OF SCHOOL USE ONLY

Field Trip Date:

Teacher:

Field Trip Location:

This form is due by:



Field Trip Student Sack Lunch Order Form

Dear Parent/Guardian,

For the upcoming field trip, all students need to have a disposable sack lunch. Students may order a sack lunch from school or you may send your child with a sack lunch from home.

Do you want to pre-order a sack lunch for your student?**NO****YES**

No. I will pack a lunch from home.



Do not fill out or turn in this form.

Yes. I would like to order a sack lunch for my child and I understand that by filling out this form my student will receive a sack lunch. In the event your student brings a sack lunch from home that day, the ordered sack lunch will still be provided to him/her and the meal will be charged to the student account.

The School Sack Lunch contains a shelf-stable: Protein, Grain, Milk, Fruit, Juice, and Vegetable. The menu is subject to change based on product availability.

Student Name _____**Student ID# (optional)** _____**Sack Lunch Pricing**

The price of the sack lunch is the same as when your child eats at school and will be charged to their account in the same way. **Please do not send money with field trip forms.**

Lunch	Paid Price	Free or Reduced Eligible Price
Elementary	\$3.75	\$0.00
Middle, CAV, LSHS	\$4.00	\$0.00

If you have any questions please call the Food & Nutrition Services Office at (425) 335-1561 or email foodservices@lkstevens.wednet.edu.