OVERNIGHT 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 ☐ or public transportation Airplane ☐ Train ☐
  ☐ 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 the activities summarized above about the trip. Furthermore, if a pool is available, the hotel pool is not supervised by lifeguards and swimming (no diving) is permitted. Use of the pool will only be allowed when a trip chaperone is present at the pool. Being fully informed as to these risks, I hereby consent to my child participating in the activities. 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.

I acknowledge that I have received and am familiar with the student rules of conduct. I understand that Athletic and/or school rules of conduct and all policies and procedures in the Student Handbook will apply while on this trip and pledge that my conduct will at all times reflect credit upon my parents, school and self. I understand that by signing this contract stating that: Failure to adhere to the codes of conduct could result in but are not limited to disciplinary actions and/or removal from the trip.

Student must initial next to each rule; both the student and parent/guardian need to sign this form.

- *I will be on time to all scheduled events.* _____
- *I will stay in my assigned hotel room during curfew hours.* _____
- *I will not take any non-district provided transportation without permission from the person in charge of the trip.* _____
- *I will keep the trip leader informed of my whereabout at all times. When not together with the entire group, I will remain in groups of at least two or more students.* _____
- *I will wear appropriate clothing at all times.* _____
- *I will not possess alcoholic beverages, drugs including marijuana, vaping devices, and/or tobacco at any time.* _____
- *If I receive disciplinary action that requires my removal from the event, I understand that my parent/guardian must escort me home. My parent/guardian and I will be responsible for any expense incurred as a result of my removal, including travel-related costs.* _____

Student's Name: _____ Student Signature:_____

Printed name of Parent/Guardian name: _____ (H) Phone #:_____

Parent/Guardian 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 #1: _____ Phone#:_____

Emergency Contact #2:_____ 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: _____