Field Trip - Parent/Guardian Permission

Northshore School District

2320 F-3

Students must have a signed Parent/Guardian Permission Form to participate.
All policies and procedures of the NSD Student Rights & Responsibilities Handbook will apply during this field trip.

Student Name (first, last) _____ Student ID Number _____

School Bothell High School Field Trip Contact Person Tom Bainter

Date(s) Sept 2-Sept 6 2026 Time Leaving School 8:00am Time Returning to school 5:00

Field Trip Name/Purpose First football game of the Season

Field Trip Destination (name/address) Moanalua HS 2825 Ala Lima St Honolulu Hi

Additional Information or Destinations (include sightseeing/side trips) Hilton Hawaiin Village 2005 Kalia Rd Honolulu HI

Arizona Memorial, Hawaiin Cultural Luau, Univesity of Hawaii

☐ At this public performance or community service event, alcohol may be served to adult patrons

Student Fee* (admittance, transportation, etc.) $ _____

*Families who have provided consent to receive fee waivers through the free & reduced meal process will have student fees automatically waived. Pay online and the fee will be zero dollars, credit card service fee also waived.

☐ Sack Lunch Required

☐ My child will bring a sack lunch from home

☐ My child will order a sack lunch from school

Transportation (check all that apply):

Bus transportation (district or chartered) is required for grades K-3. WA State car seat and booster laws must be strictly followed for all transportation.

☐ Private Vehicle - Volunteer Chaperone (grades 4-12 only)
☐ District or Private Vehicle – Staff Driver (grades 4-12 only)
☐ Private Vehicle – Student Driving Self Only
☐ NO District Transportation Provided**
☑ School District Bus
☑ Charter Bus
☐ Walking
☐ Watercraft
☑ Commercial Airline, Train
☐ Airport/Hotel Shuttle
☐ Rental Vehicle
☐ Public Transportation

**Parents are responsible for transportation, staff may not assist with carpools, etc.; students must not be penalized in any way for not participating in an activity where school transportation is not provided.

STUDENT HEALTH AND/OR MEDICATION ALERT (Confidential) – At least 1 box must be checked

In case of a serious medical emergency 911 will be called to evaluate your student. Please provide a phone number at the bottom of this form where someone can be reached during this field trip. Check all boxes that apply below.

☐ My student has a specific issue/condition that needs to be reported to the driver for safety (describe)

_____

☐ My student has **LIFE THREATENING CONDITION** (e.g. severe bee allergies, food allergies, severe asthma, seizures, diabetes, etc.). If checked please describe (school will attach emergency care plan)

_____

☐ My child will need "over the counter" or prescription medication on this field trip, other than what they normally take during the school day. All medication must be labeled in the original container with the student's name on it. Any medication not authorized by your licensed healthcare provider cannot and will not be administered.

☐ I have completed the Authorization for Medication Form* and had it reviewed, signed, and returned by the licensed healthcare provider

*Available on the NSD website under the Health Services section or request a copy by contacting your school nurse.

☐ NONE OF THE ABOVE HEALTH AND/OR MEDICAL ALERTS APPLY TO MY CHILD

PARENT/GUARDIAN CONSENT

I understand my student's participation in this field trip and associated activities is voluntary and is not required. Although Northshore School District (NSD) attempts to ensure the safety of all involved in school activities, I understand that there are inherent risks, seen and unforeseen associated with this field trip. I understand NSD does not carry accident/injury insurance for my child and that I'm responsible for any medical bills that may be incurred due to an accident, injury, or illness of my student while on this field trip. In the event of injury or serious illness, I as the parent/guardian of the above-named student, authorize emergency medical professionals to examine and administer emergency care to my student. By signing below, I agree to the above and grant permission for my student to participate in all aspects of this trip.

Primary Phone (must be completed in case of emergency) _____ Secondary Phone _____

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

☐ I would like to drive on this field trip
☐ I have _____ seats with seatbelts available
☐ I have completed the NSD Volunteer Orientation and am Level 2 approved.
☐ I have not completed the NSD Volunteer Orientation and need more information.