

South Whidbey School District
Field Trip Permission Form

Name of Student: _____ Grade: _____

Teacher Name: _____

We are planning a trip to _____

Address: _____

Phone #: _____ Staying at: _____ (if applicable)

We will leave from: _____ at (time) _____ ☐ a.m. ☐ p.m.

On (date) _____ We will return to school on _____

At about (time) _____ ☐ a.m. ☐ p.m.

☐ Itinerary is attached;

☐ List of items needed is attached;

Attending: # of students _____

of adults _____

TRANSPORTATION

☐ District Bus

☐ District Van

☐ Private Vehicle

☐ Other (explain): _____

Medical Information: The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, blood disorders, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed:

Medical Release: In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent or guardian immediately. However, if I am not available, I authorize the school to secure emergency medical care as needed.

Preferred Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

In case of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name: _____ Phone # _____

My child can confidently swim without a life vest. ☐ YES ☐ NO

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent/Guardian Name: _____ Home # _____

Address: _____ Work # _____

Signature of Parent/Guardian: _____ Date: _____