



FRIDAY HARBOR MIDDLE SCHOOL

FIELD TRIP PERMISSION & MEDICAL AUTHORIZATION FORM

School Year: 2026–2027

Section 1: Student Information

- **Student Full Name:** _____
- **Grade Level:** _____
- **Homeroom Teacher:** _____

Section 2: Scope of Annual Consent

By signing this form, I grant permission for my child to participate in all school-sponsored field trips, athletic events, academic competitions, and off-campus activities for the current school year.

- **Prior Notification:** The school will provide detailed information (dates, times, locations, and costs) before each specific trip.
- **Opt-Out Provision:** I retain the right to opt my child out of any single specific trip by notifying the teacher in writing at least 48 hours in advance.

Section 3: Annual Transportation Consent

I authorize my child to be transported for school activities via:

- School District Bus for on and off island trips
- School District Van for on and off island trips
- Walking under staff supervision (for close local venues)

Section 4: Emergency Contacts & Medical Info

- **Parent/Guardian 1 Name:** _____ **Phone:** _____
- **EMERGENCY CONTACT Name:** _____ **Phone:** _____
- **Medical Insurance Provider:** _____ **Policy #:** _____
- **Known Life-Threatening Allergies:** _____
- **Chronic Conditions / Daily Medications:** _____

(Note: A separate medication administration form must be on file with the school nurse if medication is required during trips.)

Section 5: Behavioral Expectations

Students must maintain appropriate behavior and academic eligibility to participate in off-campus privileges. The school student code of conduct applies at all times. Severe behavioral infractions may result in the student being sent home immediately at the parent's sole expense.

Section 6: Liability Waiver & Emergency Medical Release

I understand that participation in off-campus activities involves some inherent risk. I agree to hold Friday Harbor Middle School, its school board, employees, and volunteers harmless from any liability or claims arising from regular school trips.

In the event of a medical emergency during an off-campus trip, I authorize school personnel to consent to any necessary X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care for my child under the supervision of a licensed physician.

- **Parent/Guardian Printed Name:** _____
- **Parent/Guardian Signature:** _____
- **Date:** _____