

Student Name \_\_\_\_\_ School MADRONA Date \_\_\_\_\_

**GENERAL INFORMATION**

The EPI CENTER is planning a trip to HIGHLAND ICE CENTER  
 Purpose of trip PASSION PROJECT FIELD TRIP  
 Trip Destination HIGHLAND ICE ARENA Phone No. (206) 546-2431  
 Address 18005 AURORA AVE. N. Shoreline Place of Lodging \_\_\_\_\_  
 We will leave from MADRONA SCHOOL at 10:00  AM  PM  
 on (date) JUNE 9 2009 We will return to the school on (day) TUESDAY (date) JUNE 9 2009  
 at 11:45  AM  PM  Itinerary is attached  List of items needed is attached

**TYPE OF TRANSPORTATION**

District Vehicle  Commercial Transportation  District Bus  Other (explain) \_\_\_\_\_

**MEDICAL INFORMATION**

The following current health problems should be noted and adequate precautions taken (please list conditions such as unusually severe reaction to bee stings, other severe allergies, diabetes, seizures, etc.): \_\_\_\_\_

*If your student requires medication on a field trip, a current Medication Authorization (H-145, signed by an MD/health care provider) must be provided. These are available at the school main office or district website: <http://staff.edmonds.wednet.edu/users/bakerm/medication.htm>*

Medical insurance?  yes  no Carrier Name \_\_\_\_\_  
 If yes, includes Dental Insurance?  yes  no

Student Accident Insurance is recommended; low cost plans applications are available in the school offices.  
 Name of Preferred Health Care Provider or Clinic: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name of Preferred Dentist or Dental Clinic: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.  
 If you have questions or concerns about this activity, please contact: \_\_\_\_\_

**MEDICAL RELEASE**

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

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for: (student) \_\_\_\_\_ to participate in the activity.

Parent/Guardian Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Parent/guardian signature reflects their knowledge and approval of the activity described above.  
 This form must be returned to school before the student is involved in the activity.*