

EDMONDS SCHOOL DISTRICT NO. 15
PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name _____ School Madrona Date 3-3-09

GENERAL INFORMATION

The Epicenter P.E. is planning a trip to Seattle
 Purpose of trip see Mariners ball game
 Trip Destination Safeco Field Phone No. (206) 346-4001
 Address 1st Ave., Seattle Place of Lodging _____
 We will leave from Madrona at noon AM PM
 on (date) May 5 We will return to the school on (day) Tues. (date) May 5
 at 5:30 AM PM Itinerary is attached List of items needed is attached
 Attending: number of students 52 minimum number of chaperones 6

TYPE OF TRANSPORTATION

District Vehicle Commercial Transportation District Bus Other (explain) Train

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, hemophilia, 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/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.
 Medical insurance? _____ yes _____ no
Student-accident-insurance-is-available-through-Excel-Serv. It-is-recommended-that-all-students-have-medical-or-student-accident-insurance. Contact the school office for details.
 Name of Preferred Doctor _____ Phone (_____) _____
 Name of Insurance Carrier _____ Policy No. _____

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 _____
 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.