

I hereby give my permission for _____ Birthdate: _____
(name of student)

who attends _____
(school)

to participate in a field trip to _____
(destination)

On SEPTEMBER 12-16, 2022 for the purpose of COMMUNITY BUILDING, TEAMWORK & COLLABORATION, ENVIRONMENTAL STUDIES, SERVICE LEARNING, FITNESS & OUTDOOR RECREATIONAL SKILL DEVELOPMENT, ALL SCHOOL AND INDIVIDUAL GOAL SETTING.

Transportation for this activity will be provided by: PRIVATE AUTOS (volunteer parent drivers pre-approved by LWSD with valid Washington State driver's license, proof of insurance, and completed Private Auto Authorization form).

As parent, or legal guardian, my student will not attend this event if they were instructed by a public health or medical professional to self-isolate or self-quarantine because of concerns about Covid19.

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Describe any medical condition, including allergies that could impact the student's field trip experience.

☐ None ☐ See below

My child has the following special dietary needs/restrictions:

☐ Vegetarian ☐ Dietary allergies or restrictions _____

My child has had formal swimming instruction: ☐ yes ☐ no

Indicate the current swimming level for your child:

☐ Non-Swimmer/Beginning ☐ Intermediate ☐ Advanced

On the line below, please **PRINT** parent/guardian name and best contact phone number:

Parent/Guardian Name: _____ **Phone:** _____

In the event of an emergency (injury, illness, and unforeseen incident) the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

I have read the attached itinerary and packing list and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above-named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips and that serious non-compliance on the part of a student will result in contacting the parents to come to camp to pick up their child for the remainder of the week.

Signature of parent or guardian

Date