

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

who attends ENVIRONMENTAL & ADVENTURE SCHOOL to participate in field trips to:
(school)

COMMUNITY STEWARDSHIP PROJECT WORKSITES throughout the Eastside and Greater Seattle areas during the following project blocks:

Block 1- Oct. 24, 25, 27, 28 (2022) **Block 2-** Feb. 27, 28, Mar. 2, 3 (2023) **Block 3-** June 20, 21 (2023)

Project Itinerary: The project groups include, but are not limited to: Eco-Stewards, Backpack Naturalists, Helping Hands, Greenhouse, Park-it, and EarthCorps & More. These adult-supervised activities include: on/off campus activities; research; use of garden, building and landscaping tools; community service and education; and mentoring younger children. A list of items needed (if any) to participate in specific Community Stewardship Projects will be provided to students at least one week in advance of each project block._

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

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 project itinerary outlined above and understand that the school district will make every reasonable effort to provide a safe environment during these field trips. 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.

Signature of parent or guardian

Date