

**2019 SPRING TRIP**

Lake Washington School District  
**PARENT/GUARDIAN FIELD TRIP INFORMED CONSENT FORM**

I hereby give my permission for \_\_\_\_\_  
(name of student)

who attends \_\_\_\_\_ Environmental & Adventure School

to participate in a field trip to \_\_\_\_\_ Dominican Republic Spanish, Service and Adventure

on \_\_\_\_\_ 4/19-4/28/19

for the purpose of immersion in Spanish speaking country/culture; exploration of plant and animal diversity of the region; service learning; personal challenge and adventure.

Transportation for this activity will be provided by \_\_\_\_\_ airplane/tour bus \_\_\_\_\_.

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

Student address: \_\_\_\_\_

Student home phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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
- Allergies \_\_\_\_\_

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

\_\_\_\_\_

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