

2018 CAMP HAMILTON

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

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

who attends _____ The Environmental & Adventure School

to participate in a field trip to _____ Camp Hamilton Monroe, WA

on _____ 9/10/18 – 9/14/18

for the purpose of community building; teamwork and collaboration; environmental studies; service learning; fitness and outdoor recreational skill development; and goal setting.

Transportation for this activity will be private vehicles (volunteer parents 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, 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 Gluten Free Kosher Allergies _____

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 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