Lake Washington School District

Parent/Guardian Field Trip Informed Consent Form

I hereby give my permission for_ _____

(name of student)

who attends _____

(School)

Daybreak Indian Cultural Center: 3801 W Government Way, Seattle, WA 98199

to participate in a field trip to _____

(destination)

on __11_ /_18_ /_2025_   to_11_ /_18_ /2025_   for the purpose of Community Building, Leadership skills and Cultural Identity.

Transportation for this activity will be provided by:

☐ District bus/vehicle

X Other____King County Community Van_____

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:_____

Student home phone:_____Date of birth:_____

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 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:_____

Name:_____Phone:_____

I have read the attached itinerary 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.

I received a detailed itinerary   ☐ yes ☐ no
I received a list of things to bring (if any)   ☐ yes ☐ no

_____   _____
Signature of parent or guardian   Date

Parent/Guardian Secondary Field Trip "Permission Slip" 3/22