



EDMONDS SCHOOL DISTRICT NO. 15  
PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL INFORMATION**

The \_\_\_\_\_ is planning a trip to \_\_\_\_\_  
Purpose of trip \_\_\_\_\_  
Trip Destination \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Place of Lodging \_\_\_\_\_  
We will leave from \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
on (date) \_\_\_\_\_. We will return to the school on (day) \_\_\_\_\_ (date) \_\_\_\_\_  
at \_\_\_\_\_  AM  PM  Itinerary is attached  List of items needed is attached  
Attending: number of students \_\_\_\_\_ minimum number of chaperones \_\_\_\_\_

**TYPE OF TRANSPORTATION**

District Vehicle  Commercial Transportation  District Bus  Other (explain) \_\_\_\_\_

**MEDICAL INFORMATION**

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) \_\_\_\_\_  
\_\_\_\_\_

The following medications, prescriptions or special diets are needed: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Medical insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

***Student accident insurance is available through Excel Serv. It is recommended that all students have medical or student accident insurance. Contact the school office for details.***

Name of Preferred Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact \_\_\_\_\_.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity.

Parent/Guardian Name \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***Parent/guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.***