

# Stevenson-Carson School District 303

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**PARENT/GUARDIAN FIELD TRIP  
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM  
Wind River Middle School and Stevenson High School (509) 427-5631**

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

who attends \_\_\_\_\_ to participate in a field trip to  
\_\_\_\_\_ on \_\_\_\_\_  
(Destination) (departure) (return)

**Purpose of field trip:**

\_\_\_\_\_

**Staff contact:** \_\_\_\_\_ **Phone # ( wk )** 509-427-5631

**Transportation** for this activity will be provided by: \_\_\_\_\_

**\*\*\*Students will need a sack lunch for this trip**

**Medical/emergency information**

**Student Name :** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

- please check here if student has a medical alert on file with school nurse.** Describe physical condition, medication information, or allergies which could interfere with the student's safety in these activities:

**Emergency Contact :** \_\_\_\_\_ **Contact # :** \_\_\_\_\_  
(name) (daytime)

**Secondary Contact:** \_\_\_\_\_ **Contact # :** \_\_\_\_\_  
(name) (daytime)

***Informed consent***

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there are risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

\_\_\_\_\_  
*Signature of parent/guardian* *Date*

\_\_\_\_\_  
Printed name of parent/guardian (daytime #)

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on this trip.

\_\_\_\_\_  
*Signature of student* *Date*

Parent Consent Form 0913ccb18

<b>TRIP ITINERARY:</b>
<b>DEPARTURE:</b>
<b>RETURN:</b>