Sumner School District
...a great place to learn!

Staff Name Allison Wood
Principal Approval JTB
D.E.L.

Extended Day/Overnight Field Trip or Event Permission Form

I hereby give my permission for _____ (Student's name), who attends Sumn (School)

to participate in a field trip/event to Spokane WA (Gonzaga) (Destination)

leaving on 7/9/18 (Date) at 5:30 Am (Time) returning on 7/12/18 (Date) at 8:00 pm (Time)

for the purpose of TEAM CAMP (Activity)

See attached itinerary, flyer or letter for details.

Transportation for this activity will be provided by (check all that apply):

- ☐ District or charter bus
- ☐ District or rental van: Staff Name _____ Staff transporting students
- ☐ Public transportation Specify _____ ☐ Air
- ☐ Travel will be on foot

Transportation for this activity will be not be provided by the district.

- ☒ Parent/Guardian will be responsible for student transportation

The following items are applicable if checked:

- ☐ Bring a sack lunch without glass bottles or containers.
- ☐ Lunch provided. (Students with food allergies should bring a sack lunch.)
- ☒ Students should bring money for the trip. $ TBD
- ☐ Student **SHOULD NOT** bring money for the trip.

Student's address _____ City _____ Student Cell # _____

Student's home phone # _____ Date of birth _____

Family physician _____ Phone # _____

Preferred Hospital _____

- ☐ Medical conditions, medication information or allergies the district should be made aware of:

_____

- ☐ *Student requires medication during this field trip. If a Health Care Provider Order for Medication is not on file, a completed Health Care Provider Order for medication on field trip form is required.*

In the event of an emergency, I wish the following person to be notified if I cannot be contacted:

_____ Phone # _____

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualiti the activity. I understand the school district will make every reasonable effort to provide a safe environment.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity

I authorize qualified emergency medical professionals to examine the above named student in the event of injury or serious illness, administ emergency care including transporting if necessary. I understand every effort will be made to contact me to explain the nature of the problen 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 s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I hereby acknowledge as a parent or guardian of a student participating in this field trip that I have read, understood and agree to the above.

I have read the attached itinerary detailing dates, events, expectations, etc. My child will follow the Student Field Trip/Activity Code of Con

_____ _____ _____

Printed Parent/Guardian name | Signature of parent/guardian | Date