

NORTH THURSTON PUBLIC SCHOOLS

FIELD TRIP INFORMATION

INSTRUCTIONAL LEADER:
1. Complete upper portion. Use as a master, making one copy for each student.
2. Lower permission segment must be completed and returned for each student participating in field trip.
3. Take completed forms with you on trip.
4. Permission forms should be placed in the student's permanent file upon return.

The following activity has been planned to enrich your student's school experience:

School _____ Class/Club/Team _____

Teacher/Activity Leader/Coach _____ Phone # _____

Destination _____ Date of Field Trip _____

Approximate Departure Time _____ Approximate Return Time _____

Transportation for this activity will be provided by:
[] NTPS bus/vehicle
[] Commercial Vehicle
[] Private Vehicle: _____ Student transporting self only
_____ Student transporting other students
_____ Staff/volunteer/parents transporting students
[] Other (e.g. walk) _____

Emergency contact person at school during this trip is: _____ Phone # _____

Please complete and return the lower portion of this form prior to the trip so that your child can participate. If you have any questions/concerns, you may contact me at the above number.

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE IN FIELD TRIP

Name of Student _____ School _____ Teacher _____

Date of Birth _____ Name of Parent(s)/Guardian(s) _____

Student's Address _____

Family Physician _____ Physician's Phone # _____

Medical conditions, medication information or allergies North Thurston Public Schools should be made aware of: _____

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

Name _____ Phone # _____

As a parent or guardian of the above student who is requesting to voluntarily participate in the field trip described above, I hereby acknowledge that I have read, understand and agree to the following:

- 1. I acknowledge that this activity may entail unanticipated risks and while I expect the school staff to exercise reasonable caution in carrying on this activity, I hereby release the school and North Thurston Public Schools from any liability or damage incurred.
2. I certify that my child has no medical or physical conditions that could interfere with their safety in this activity.
3. 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.
4. In the event it becomes necessary for North Thurston Public Schools staff-in-charge to obtain emergency care for my student, neither he/she nor North Thurston Public Schools assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.
5. This activity is an extension of the school education program and student conduct is to be in accordance with the North Thurston Public Schools Student Rights and Responsibilities Handbook as well as school rules and regulations.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ WORK PHONE _____ HOME PHONE _____

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

SIGNATURE OF STUDENT _____ DATE _____