

Lake Washington School District #414

PARENT GUARDIAN FIELD TRIP - INFORMED CONSENT FORM

I hereby give permission for:

Child's Last Name: _____

Child's First Name: _____

Who attends Environmental and Adventure School to participate in a field trip to Wednesday Electives classes including, but not limited to, the following offsite locations: Vertical World Rock Climbing, Redmond, Water Sports/Swimming, Wave Aquatics Redmond or Juanita Pool, Flag Football or Soccer at Arena Sports Redmond, Fishing at Kirkland Parks, Kirkland, Fitness Conditioning at Rijo Sports, Woodinville, Exercise and conditioning at Columbia Fitness, Kirkland, Fencing at Raincity Fencing, Redmond, Yoga at Body & Brain Woodinville, Trampoline and Fitness at Northwest Aerials, Cake Decorating at Dawn's Chocolate studio, Kirkland, Golfing at Willows Run Golf course.

on the following dates: Session 1: Sept 21, 28; Oct. 5, 12, 19,26; Nov 2 2011 Session 2: Nov. 9, 16 30; Dec 7, 14, 2011 Jan 4, 2012 Session 3: Jan 11, 18, 25; Feb 1, 8, 15, 22 2012 Session 4: Feb 29, Mar 7, 14, 21, 28; Apr. 11, 18 2012 Session 5: May 2, 9, 16, 23, 30; Jun 6 2012. Students will travel via private cars to off-campus sites on designated mornings. He/she will be picked up and returned to EAS by parent volunteer drivers. If pre-arranged, some students may be picked up directly from the off-site location by a parent or designated adult once signed out by parent chaperone-in-charge.

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 the Lake Washington School District staff-in-charge or parent volunteer to obtain emergency care for your student, neither the staff-in-charge, volunteer, nor the Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Address: _____

Phone: _____

Child's Date of Birth: _____

Describe any medical conditions that could impact the students field trip experience or type

Mother's Name: _____

Mother's daytime phone: _____

Mothers cell phone: _____

Father's Name: _____

Father's daytime phone: _____

Father's cell phone: _____

In the event of an emergency, injury, illness, unforeseen incident, the following person must be notified in case the parent/guardian cannot be contacted

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Cell: _____

I 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.

Today's Date: _____ Parent Signature: _____

Parent Name (print): _____