

Lake Washington School District # 414  
**PARENT/GUARDIAN FIELD TRIP INFORMED CONSENT FORM**

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

who attends **INGLEWOOD JR HIGH**, to participate in a field trip to: **ARGOSY CRUISES, PIER 55 SEATTLE, WA** on  
**FRIDAY JUNE 3, 2011** for the purpose of **9<sup>TH</sup> GRADE CELEBRATION CRUISE**.

Transportation for this activity will be provided by:

District bus/vehicle

\*\*\*\*\*

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

Student address: \_\_\_\_\_

Student home phone no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Describe any medical condition, including allergies that could impact the student's field trip experience:

None       See below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

\_\_\_\_\_

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

Name: \_\_\_\_\_ phone no. \_\_\_\_\_

I have read the attached itinerary and 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.

I received a detailed itinerary       yes     no

I received a list of things to bring (if any)     yes     no

My child weighs more than 60 pounds     yes     no

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**DUE with PAYMENT TO ATTENDANCE OFFICE MAY 13, 2011**