Lake Washington School District # 414

PARENT/GUARDIAN FIELD TRIP INFORMED CONSENT FORM

(name of student)
(destination) e of Straing parliamentary legislaturer and comparing parliamentary legislaturer and comparing Pract Sornd & Vancouver Island by: coasial habitat per and chartered buses side for Optional Carpool Authorization a qualified physician to examine the above-named student and in the and to arrange for any consultation by a specialist, including a surgeon, as injury. I understand that every effort will be made to contact parent or prior to any involved treatment. The Lake Washington School district staff-in-charge to obtain emergency
e nor the Lake Washington School District assumes financial liability for
Ilness, and/or unforeseen circumstances.
Date of birth
gies that could impact the student's field trip experience:
n name, and home, work and/or cellular phone number:
d unforeseen incident) the following person must be notified in case the
Phone No:
and that the school district will make every reasonable effort to provide a parent/guardian of the above named student I understand that there are hese activities including physical injury, and/or other consequences. I trips.
yes no see opposite side of page.
yes no
Date

Parent Permission Form 8/02