

## FIELD TRIP PERMISSION FORM

### Informed Consent - District Curricular/Co-curricular/Interscholastic Activities

Student Name:	Grade:	Date: April 27, 2011
School Name: UNION HIGH SCHOOL	Teacher/Advisor: Mr. Iverson (Mr. Chris Sigman - return trip)	

**General Information**

The Men's Ensemble is planning a trip to Ellensburg, WA (Central Washington University)

The purpose of this trip is: State Solo & Ensemble Contest

Trip Destination: Central Washington University	Phone No. I-90 Inn (509) 925-9844
Address: Ellensburg, WA (I-90 Inn: 1390 Dollarway North)	Place of Lodging I-90 Inn in Ellensburg

We will leave from Union High School on (date) Thursday, April 28 at about (time) 1:30 PM

We will return to the school on (day) Friday, April 29 at about (time) 11:30 PM

Itinerary is attached     List of items needed is attached

Attending: Number of students:  Number of Adults:

**Type of Transportation:**

District Vehicle     District Bus     Commercial Transportation

Other (Explain) Charter bus will transport to and from Ellensburg, WA

**Medical Information:**

The following special health problems should be noted and adequate precautions taken(list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

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The following medications, prescriptions or special diets are needed:

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**Medical Release:**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

(I understand that the school district does not purchase medical/dental/hospitalization insurance to cover injuries to or losses of life pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent of guardian.)

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity. I understand that my child will not be permitted to participate unless this form is completed, signed and returned to school.

Parent Name	Home Phone	Work Phone
Home Address	Emergency Phone	
Signature of Parent/Guardian	Date	

\*\*Please return this form to school before and keep any attachments for your information.\*\*