

Everett Public Schools Field Trip
Informed Consent Notice

_____ **Field Trip Title** _____ **Student Name** _____

_____ **Coordinating Staff Member Signature** _____ **Date** _____ **Building Administrator/Designee Signature** _____ **Date** _____

Destination: _____ Place of Lodging: _____
Address: _____ Phone #: _____

Trip Purpose/Objectives: _____
Class/Staff Member: _____

<u>Departure</u>	<u>Return</u>	<u>Number Attending</u>
Date: _____	Date: _____	Students _____ Adults _____
Time: _____ AM/PM	Time: _____ AM/PM	Itinerary attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: _____	Location: _____	Item list attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Transportation

District Bus District Vehicle Commercial Transportation Other: _____

No District Transportation Provided (parent/guardian arranged transportation)

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

_____ **Student ID Number** _____ **Student Name** _____

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.)

Any medication, prescription or non-prescription, must have signed orders from a licensed health care professional and parent/guardian. My student [] is not / [] is taking medications on this field trip.

Name of medication _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the student's parent/guardian immediately. However, if they are not available, I authorize the school district to secure emergency medical care as needed.

Name of Primary Care Doctor _____ Phone No. _____

Primary Care Doctors Clinic _____ Clinic Phone No. _____

Name of Insurance Carrier _____ Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my student to participate in the activity. My signature reflects my knowledge of the details of the trip and the itinerary.

Parent/Guardian Name _____ Home Phone No. _____

Home Address _____ Work Phone No. _____

Signature of Parent/Guardian _____ Cell Phone No. _____

Date _____ Emergency No. _____

Please return this form to _____ before (date) _____ and keep any attachment for your information.