

## Field Trip Student Informed Consent Notice

Band Camp 2023	August 21 - 2	29, 2023		
Trip name	Trip date(s)		Student name	
Reason for trip: Band amp				
Trip coordinating staff: Mr. Staley		MA		
/W/8Cm	6/21/2023	CITIL	3	6/21/2
Coordinating staff member signature	Date	Bujiding admini	strator signature	Date
Destination: Cascade High School		Place of lodging:		
Lodging address: 801 E. Casino Rd		Lodging phone:		
Origin:	Destination:			Number of:
Departure date:		:		Adults: 12
Departure time:		);	□ AM □ PM	Students: 50
Return date:		ate:		A completed field trip
Return time:		me:		description and itinerary form MUST be provided.
Student will be RELEASED from class:		Student will RETURN to class		
Date/Tii	me		Date/	Гime
Type of transportation				
☐ District bus ☐ District vehicle		☐ Commercial transportation	☐ Charter	
No district transportation provided (parent/guardian ar	ranged transportat	ion)		
SECTION TO BE O	COMPLET	ED BY PARENT/GI	UARDIAN	
Student ID number		Si	tudent name	
Student ID number  Medical Information		S	tudent name	
		S	tudent name	
Medical Information  ☐ My student does not have any special health problems List any special health problems. The following special health	alth problems shou	ald be noted and adequate precat		ch items as unusually
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