EVERETT PUBLIC SCHOOLS

Field Trip Student Informed Consent Notice

Band Camp 2023 (Trip name) | August 21 - 29, 2023 (Trip date(s)) | _____ (Student name)

Reason for trip: Band amp

Trip coordinating staff: Mr. Staley

_____ (Coordinating staff member signature) | 6/21/2023 (Date) | _____ (Building administrator signature) | 6/21/23 (Date)

Destination: Cascade High School | Place of lodging: _____

Lodging address: 801 E. Casino Rd | Lodging phone: _____

Origin: _____ | Destination: _____ | Number of:

Departure date: _____ | Arrival date: _____ | Adults: 12

Departure time: _____ ❑ AM ❑ PM | Arrival time: _____ ❑ AM ❑ PM | Students: 50

Return date: _____ | Departure date: _____ | A completed field trip description and itinerary form MUST be provided.

Return time: _____ ❑ AM ❑ PM | Departure time: _____ ❑ AM ❑ PM

Student will be **RELEASED** from class: _____ Date/Time | Student will **RETURN** to class: _____ Date/Time

Type of transportation

❑ District bus ❑ District vehicle ❑ Commercial transportation ❑ Charter bus

■ No district transportation provided (parent/guardian arranged transportation) ❑ Other: _____

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

_____ Student ID number | _____ Student name

Medical Information

❑ My student **does not** have any special health problems.

List any special health problems. 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** taking any medications or topical(s) on this field trip.

My student ❑ **IS** taking the following medication(s) or topical(s) on this field trip.

Name of medication: _____ | Name of medication: _____

Name of prescribing health care provider: _____ | Phone number: _____

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 _____ | Doctor's phone: _____

Primary care doctor's clinic _____ | Clinic phone: _____

Name of insurance carrier _____ | Policy number: _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. I understand that the school district will make **all** reasonable effort to provide a safe environment. I acknowledge that this activity entails known and unknown and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of 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.

_____ Signature of parent/guardian | _____ Date | _____ Emergency number

Parent/Guardian name: _____ | Cell/Home phone: _____

Home address: _____ | Work phone: _____

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