

SNØHOMISH SCHOOL DISTRICT NO. 201
FIELD TRIP ACTIVITIES CONSENT/CLEARANCE FORM

Student's Name: _____ Student ID#: _____
Staff Member in Charge: _____ School: _____
Today's Date: _____ Grade Level/Dept: _____

TRIP INFORMATION: *(To be completed by the field trip organizer)*

A well planned field trip is an integral part of an educational program. The Snohomish School District takes care in providing for the safety and welfare of students while they are off campus. Supervision is provided by responsible faculty members and/or volunteers.

Date of Trip: _____ Destination: _____
Departure Time: _____ Return Time: _____
Purpose of Trip: _____

Mode of Transportation: District-owned Bus Van Car
Other (specify) _____



As a parent or legal guardian, I authorize a qualified physician or other health care provider to examine the above-named student and, in the event of injury, to administer emergency care and to ensure proper care of any injury as deemed necessary:

Yes No

In the event it becomes necessary for Snohomish School District staff-in-charge to obtain emergency care for your student, neither he/she nor the Snohomish School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I have read the trip information and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of any risks inherent in participating in this type of activity. Being fully informed as to these risks, I hereby consent to my child participating in the activity. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify Snohomish School District for any claims brought by the minor, or others due to the negligence of the minor.

Student's Name: _____ Student ID#: _____
Printed name of Father or Guardian _____ (H) Phone #: _____
Signature _____ Date _____ (W) Phone #: _____
Printed name of Mother or Guardian _____ (H) Phone #: _____
Signature _____ Date _____ (W) Phone #: _____

LIST ANY SPECIAL MEDICAL or OTHER INFORMATION (allergies, asthma, diabetes, etc.)

In the event of an emergency (injury, illness), I wish the following person to be notified in case I cannot be contacted:

Emergency Contact _____ Phone#: _____
Emergency Contact _____ Phone#: _____