

OVERNIGHT FIELD TRIP ACTIVITIES CONSENT/CLEARANCE FORM

Today's Date: _____

Student's Name: _____ School: _____

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 staff members and/or volunteers.

Staff Member in Charge: _____ Grade Level/Dept.: _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Cost for trip: _____ Payment date: _____

Purpose of Trip: _____

Mode of Transportation:

- District-Owned: Bus Van Car or public transportation Airplane Train
 I have verified drivers of District vehicles are employed by the District and have a Type 1 (renewed annually) on file.
- Other (specify) _____
(Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.)

PARENT/GUARDIAN CONSENT:
 Parents should sign after all teachers have signed and/or commented on back (Secondary Only)

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 the activities summarized above about the trip. Furthermore, if a pool is available, the hotel pool is not supervised by lifeguards and swimming (no diving) is permitted. Use of the pool will only be allowed when a trip chaperone is present at the pool. Being fully informed as to these risks, I hereby consent to my child participating in the activities. 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: _____

Printed name of Guardian name: _____ (H) Phone #: _____

Guardian Signature _____ **Date:** _____ (C) Phone #: _____

I acknowledge that I have received and am familiar with the student rules of conduct. I understand that school rules of conduct will apply while on this trip and pledge that my conduct will at all times reflect credit upon my parents, school and self.

Student Signature _____ Date: _____

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 #1: _____ Phone#: _____

Emergency Contact #2: _____ Phone#: _____

Teacher Input/Comments (Secondary Only)

Period 1: _____ Teacher: _____
Recommended Not Recommended
If not recommended, why: _____

Missed work instructions: _____

Period 2: _____ Teacher: _____
Recommended Not Recommended
If not recommended, why: _____

Missed work instructions: _____

Period 3: _____ Teacher: _____
Recommended Not Recommended
If not recommended, why: _____

Missed work instructions: _____

Period 4: _____ Teacher: _____
Recommended Not Recommended
If not recommended, why: _____

Missed work instructions: _____

Period 5: _____ Teacher: _____
Recommended Not Recommended
If not recommended, why: _____

Missed work instructions: _____

Period 6: _____ Teacher: _____
Recommended Not Recommended
If not recommended, why: _____

Missed work instructions: _____