

# Snoqualmie Valley School District #410

P.O. Box 400, Snoqualmie, WA 98065-0400  
Phone (425) 831-8000  
FAX (425) 831-8040

Date \_\_\_\_\_

Dear Parents,

Some of the High-C students will be attending a field trip to

\_\_\_\_\_ in \_\_\_\_\_  
(Destination) (Location)

We will be leaving at \_\_\_\_\_ on \_\_\_\_\_ and will  
return by \_\_\_\_\_.

Each student will be riding on an authorized school bus. We would like you to fill out  
the attached parental permission form and return it with \_\_\_\_\_.  
(Admission)  
(Checks only to SVSD)

Please bring your best behavior and a sack lunch with your  
name on it. Backpacks OK.

No gum or baseball hats.

Room for parents!

Please e-mail me-[townsendm@svsd410.org](mailto:townsendm@svsd410.org).

Thank you.

# HIGH C FIELD TRIP FORM

## ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a High C field trip. I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for \_\_\_\_\_ (Student's name) who attends \_\_\_\_\_

\_\_\_\_\_ (School) to participate in a field trip on Date for the purpose of Activity

- Transportation for this activity will be provided by:
- District bus/vehicle
  - Private vehicle: \_\_\_\_\_ Student transporting self only \_\_\_\_\_ Student transporting other students
  - Other (e.g. - walk, metro bus) \_\_\_\_\_ Staff/volunteer/parents transporting students

Student's address: \_\_\_\_\_ City \_\_\_\_\_

Student's home phone # \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:

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

\_\_\_\_\_ Phone #: \_\_\_\_\_

I acknowledge that this activity entails known 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

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

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

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

### EXTENDED TRIP INFORMATION

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_