

WASHOUGAL SCHOOL DISTRICT

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WASHOUGAL, WA 98671
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PARENT PERMISSION FORM for FIELD TRIPS—REQUIRED

TEACHER COMPLETES THIS PORTION:

Teacher Name: Pam Cockford School Name: Washougal HS Today's Date: 3-5-16
Field Trip Start Date: 3/12/16 Start Time: 6 AM Field Trip Return Date: 3/12/16 Return Time: 7-8 AM
Purpose of Field Trip: Science Olympiad SW WA Regional Competition
Field Trip Destination: Lower Columbia College, Longview, WA
Number of Approved Adults (Employees and Volunteers) Attending: 6

PARENT/GUARDIAN COMPLETES INFORMATION BELOW

Your signature below indicates that you give permission for your student to attend this field trip. Please complete the following information or check "Not Applicable" to show that this is not applicable to your student:

1. Please describe any medical or physical condition which could interfere with your student's safety:
2. Does the school have a signed Medication at School Authorization Form that is applicable to this field trip? For example, check items below or provide information summarizing the medication authorization issue:
 Asthma inhaler Epi-pen Diabetic supplies Other: _____
3. List your student's known allergies and indicate whether those are moderate or life threatening:
4. Not Applicable to my student

Emergency Telephone Numbers: Name: _____ at _____ - _____ - _____
Name: _____ at _____ - _____ - _____
Name: _____ at _____ - _____ - _____

Student's Doctor/Local Health Provider: _____ Phone: _____
Name of Medical Insurance Provider: _____ Student's Insurance #: _____

PARENT/GUARDIAN NAME AND SIGNATURE:

STUDENT NAME _____
PARENT/GUARDIAN PRINTED NAME _____

I understand that there are risks associated with participation in field trip activities away from school. In case of an emergency, I authorize qualified health or emergency response professionals to provide assessment and treatment. I also understand that the school staff/district will not assume liability for costs incurred because of accident, injury, illness, and/or unforeseen circumstances. My student may participate in this field trip.

Parent/Guardian Signature: _____ Date _____