Regulation

WALKING FIELD/ACTIVITY TRIP – PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian: During the course of the school year, your son/daughter will have the opportunity to participate in educational activities that will require them to walk as a group, under adult supervision, to sites in the proximity of their school. Prior to the activity, the school will make a reasonable effort to notify parents of the event. Your signature below gives permission for their participation in these walking excursions, during this school year. Other field trips involving transportation will be handled with permission forms for each activity.		
Destination(s):	Teacher:	
ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE As a parent or guardian of a student requesting to voluntarily participate in a <u>walking</u> field trip, I hereby acknowledge that I have read, understood and agreed to the following:		
I hereby give my permission for	who attends	3
to participate in a field trip on	who attends (Print Student's Name) for the purpose of	(School Name)
	City:	
Parent's home phone #	Cell:I	3irthdate
Family physician:	ysician:Phone:	
Medical conditions, medication infor	mation or allergies the District should b	e made aware of:
In the event of an emergency, I wish the following person to be notified in case I cannot be contacted: Name:Phone:		
in physical or emotional injury, phird parties. I understand that such essential qualities of the activity. District, its School Board and Employed but not limited to defense and incoming the above-described event/activity. I certify that my child has a his/her safety in this activity. I authorize qualified emerging injury or serious illness, administer every effort will be made to contact treatment. In the event it becomes necessar care for my student, neither s/he not	vity entails known and unanticipated risparalysis or death, as well as dama ch risks simply cannot be eliminated well agree to hold and save harmless byees, and assigns for any claims, suits demnification) which might result from y. In momedical or physical conditions which ency medical professionals to examinate emergency care to the above named ame to explain the nature of the proble by for the school district staff-in-charge or the district assumes financial liability ess and/or unforeseen circumstances.	ige to property, or to vithout jeopardizing the the Issaquah School or damages (including my child participating ch could interfere with the and in the event of I student. I understand im prior to any involved et to obtain emergency

Adopted: 12/92 Issaquah School District #411 Last Revised: 09.02.05; 08.10.09; 10.16.13; 04.30.17