

**CHIMACUM SCHOOL DISTRICT  
Field Trip Permission Form**

★ Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information:** Return this form to your child's school before Thursday, Nov 12, 2009 and keep any attachments for your information.

The <u>Chimacum Middle School Science</u>	
is planning a trip to: <u>The Grange</u>	
The purpose of this trip is: <u>provide a community service pulling weeds.</u>	
Trip destination: <u>The Grange</u>	Phone: _____
Address: _____	
Place of Lodging (if applicable): _____	
We will leave from: <u>Science Class</u>	Date/Time: <u>Friday, Nov 13, during Science</u>
We will return to: <u>Science Class</u>	Date/Time: <u>End of period</u>

Itinerary Attached  List of Items Attached

Number of Students Attending: <u>30</u>	Number of Adults Attending: <u>3</u>
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**Type of Transportation:** District Vehicle  District Bus  Walking  Private Vehicle   
 Commercial Transportation (describe): \_\_\_\_\_ Other \_\_\_\_\_

*Information below is to be completed by the guardian of the student.*

★ **Medical Information:** The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

\_\_\_\_\_

★ The following medications, prescriptions or special diets are needed:

\_\_\_\_\_

★ **Medical Release:** In the event of an accident or illness, I understand that reasonable effort will be made to contact the guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

Name of Preferred Doctor: _____	Phone: _____
Name of Insurance Carrier: _____	

This activity provides a learning experience for students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Guardian Name: (print) _____	Home Phone: _____
Address: _____	Work Phone: _____
Guardian Signature: _____	Emergency Phone: _____