

EDMONDS SCHOOL DISTRICT NO. 15
PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name _____ School Cedar Way Date Sept. 2016

GENERAL INFORMATION	
The <u>Sixth Grade Class</u>	is planning a trip to <u>Orcas Island</u>
Purpose of trip	<u>is environmental education and team building skills</u>
Trip Destination <u>Camp Orkila</u>	Phone No. (<u>360-376-2678</u>)
Address <u>Eastsound, WA</u>	Place of Lodging <u>Camp Orkila</u>
We will leave from <u>Cedar Way</u>	at <u>8:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
on (date) <u>September 27 (Tue.)</u>	We will return to the school on (day) <u>Friday</u> (date) <u>Sept. 30</u>
at <u>(Fri) 3:00</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	<input checked="" type="checkbox"/> Itinerary is attached <input checked="" type="checkbox"/> List of items needed is attached
Attending: number of students <u>62</u>	minimum number of chaperones <u>2</u>

TYPE OF TRANSPORTATION	
<input type="checkbox"/> District Vehicle	<input type="checkbox"/> Commercial Transportation
<input checked="" type="checkbox"/> District Bus	<input checked="" type="checkbox"/> Other (explain) <u>WA. ferry</u>

Please fill out the Medical forms attached.

YMCA Member Yes No

MEDICAL RELEASE	
In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.	
Medical insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Student accident insurance is available through Excel Serv. It is recommended that all students have medical or student accident insurance. Contact the school office for details.</i>	
Name of Preferred Doctor _____	Phone (_____) _____
Name of Insurance Carrier _____	Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact Mrs. LeFort 431-2272 or Mr O 431-2108 overleese@edmonds.wednet.edu

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (_____) _____
 Home Address _____ Evening Phone (_____) _____
 Emergency Contact _____ Emergency Phone (_____) _____
 Signature of Parent/Guardian _____ Date _____

Parent/guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.

