



### Creston School District No. 073

485 SE E Street P.O. Box 17  
Creston, WA 99117

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## FIELD TRIP PERMISSION FORM

### PARENT PERMISSION

I grant permission for \_\_\_\_\_ to participate in a school-sponsored  
STUDENT  
 and supervised field trip on \_\_\_\_\_ . The trip will  
DATE(S) & TIME(S)  
 depart from \_\_\_\_\_ at approximately \_\_\_\_\_ and return  
DEPARTURE LOCATION TIME  
 to \_\_\_\_\_ at approximately \_\_\_\_\_. Students will travel by  
RETURN LOCATION TIME  
 \_\_\_\_\_ and will be supervised by \_\_\_\_\_.  
MODE OF TRANSPORTATION STAFF SUPERVISORS

Will your student need a school provided "cold" lunch in place of a "hot" lunch? \_\_\_\_ Yes \_\_\_\_ No  
 (They will be charged the normal lunch fee.)

### MEDICAL INFORMATION and RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent and/or guardian immediately. However, if I am not available, I authorize the Creston School District to secure medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that Creston 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.

### STUDENT ASSURANCE

Being aware of expectations, I hereby attest \_\_\_\_\_ that I will follow the directions  
STUDENT SIGNATURE  
 of the trip supervisors. My signature reflects my knowledge of the details of the trip and the itinerary. I understand that if I am arrested or violate a school rule pertaining to a violent, assaultive or criminal nature that I may be placed in the custody of my parents and they will be responsible for my travel home.

### PARENT PERMISSION

Being aware of the risks, I hereby give consent for \_\_\_\_\_ to participate in  
STUDENT  
 the activity described above. My signature reflects my knowledge of the details of the trip and the itinerary. Furthermore, my signature attests that if my child is arrested or violates a school rule pertaining to a violent, assaultive or criminal nature that I am responsible for his or her transportation back to his or her home.

\_\_\_\_\_  
PARENT Name - PRINT SIGNATURE OF PARENT OR GUARDIAN DATE

\_\_\_\_\_  
PHONE PHONE

