

**VANCOUVER PUBLIC SCHOOLS**  
**FIELD TRIP PERMISSION AND INFORMED CONSENT FORM**

Student Name: \_\_\_\_\_

**General Information**

School	Vancouver iTech Preparatory
Teacher Name(s) & Grade(s)	John Zingale, Dr. Erin Lark, Brad Lehman, Ines Kuna, Karina Zhukov, & Erin Johnson
Date(s) of Trip	Friday, March 8th 2019
Destination	Skyview High School
Purpose of Field Trip	Voices Not Forgotten Event with Holocaust & Japanese Internment Survivors
Approx. Number of Students	400
Min. Number of Adults	40

Itinerary is attached       List of items needed is attached

**Type of Transportation:**

X District Bus     Other District Vehicle     Commercial Transportation     Rental Vehicle(s)     Other (explain) \_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

If your student will need to bring prescribed medication, the Authorization for Administration of Medication form must be completed and signed by the health care provider and parent/guardian and attached to this form. For over-the-counter medications, please check with your school nurse for procedure.

**Medical Release:**

In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of students, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

Name of Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Consent:**

I understand that participation in this field trip is voluntary. 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 field trip activities away from school. With this knowledge, I expressly release and hold harmless the school district, its employees, agents, and volunteers from any liability associated with this field trip and realize this activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Being fully aware of the risks,

I hereby give consent for (student) \_\_\_\_\_ to participate in the field trip activity described above.

Parent/Guardian Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 (Print)

Alternate Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_