

Quilcene School District No. 48
PO Box 40
Quilcene, WA 98376
(360) 765-3363



FIELDTRIP FORM/ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a Wilderness Adventure Club fieldtrip,
(Class/Club)

I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____, who attends Quilcene Schools to
(Student's name)

participate in a field trip on Wednesdays after school for the purpose of: Outdoor Education
(Date) (Activity)

with staff member Justin Lake Cell Phone #: 360 301 6129
(Teacher(s) and/or Advisor(s))

Leave time: 3:00pm Return time: 5:00pm

Transportation for this activity will be provided by:

- District bus/van
- Private vehicle(s): _____ Staff/volunteer/parents transporting students (approval required)
- District not providing transportation. Parents make own transportation arrangements
- Other (e.g. - walk, transit)

Student's address: _____ City _____

Student's home phone # _____ Date of birth: _____

Family Physician _____ Phone #: _____

Medical conditions, medication information or allergies district should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone #: _____

~~School Snack Lunch Needed:~~ Yes No
Limited Snacks Provided

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of parent/guardian _____ Print Parent Name _____ Date _____ Work phone _____ Home phone _____

- EXTENDED TRIP INFORMATION-

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of parent/guardian _____ Date _____