

# BLAINE SCHOOL DISTRICT STUDENT PERMISSION FORM

Date(s) of Trip: \_\_\_\_\_ Activity/Purpose: \_\_\_\_\_

Location: \_\_\_\_\_ School/Supervisor: \_\_\_\_\_

Transportation for this activity will be provided by:

☐ District vehicle, driven by district staff☐ Other (e.g. - walk, metro bus) Description: \_\_\_\_\_Will sack lunches be available for this activity (Field Trip Sack Lunch Form must be provided)? ☐ YES ☐ NO

Name of Student:		Date of Birth:
Student's Address:		City:
Student's Home Phone#:	Parent's Daytime Phone#:	
In the event of an emergency, the following person should be notified if a parent cannot be contacted:	Name:	Phone#:
Name of Preferred Doctor:		Doctor's Phone#:
<b>Medical Information:</b> In the space below, list any special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken, or special dietary needs:		
<b>Do you want to order a sack lunch for your student (if available)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please complete the separate <u>Field Trip Sack Lunch Order Form</u>.</i>		

**Hold Harmless:** Although I understand that Blaine School District will make every reasonable effort to provide a safe environment, 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 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.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

Further, I accept full responsibility for the behavior of my child during this activity and agree to hold harmless the school, school district, district employees, volunteers and board members for any injury or illness of any nature whatsoever associated with my child's participation in this activity, negligence notwithstanding.

By my signature below, as parent/guardian of the above-named student requesting to voluntarily participate in the field trip described above, I hereby acknowledge that I have read, understood and agreed to allow my child to participate in this activity, being fully aware of the risks.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature (only for grades 6-12) \_\_\_\_\_

Date \_\_\_\_\_

**EXTENDED TRIP INFORMATION (overnight, multi-night, out-of-state, out-of-country):** 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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_