



## Permission to Participate In School Trip

After reviewing the information provided regarding this trip, I hereby grant permission to participate for:

STUDENT NAME	SCHOOL
TRIP NAME	TRIP DATE
TRANSPORTATION	OR DATE RANGE
STUDENT'S ADDRESS	TEACHER
HOME PHONE	STUDENT BIRTH DATE
EMERGENCY CONTACT	CONTACT PHONE
FAMILY PHYSICIAN	PHYSICIAN'S PHONE
MEDICAL CONDITIONS/ALLERGIES	
INSURANCE COMPANY	POLICY #

### RELEASE OF LIABILITY

I acknowledge that this activity entails inherent risks that could result in physical or emotion injury, paralysis or death, as well as damage to or loss of property. I hereby release the San Juan Island School District, and its staff and representatives, from liability for such loss or injury as the result of this trip, TO THE EXTENT ALLOWED BY LAW.

I certify that my child has no known medical or physical conditions which could interfere with his/her safety in this activity. In the event that it becomes necessary for the school district staff in charge to obtain emergency care for my child, I acknowledge that neither the school district nor the individual staff member is responsible for the expense incurred as the result of the accident, injury, illness, or other unforeseen circumstance.

I authorize qualified emergency professionals to examine, and in the event of injury or serious illness, administer emergency care to the above named student. I understand that every effort will be made to contact me to explain the nature of the problem prior to any treatment.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### TRIP INFORMATION (Attached or on Back)

I have read the attached itinerary (detailing dates, places, events, times, etc.) and behavior expectations. I am also fully aware of the special dangers and risks inherent in participating in these activities. Being fully informed as to these risks and expectations, we agree to abide by those expectations and participate in the event listed above.

After the trip, my student (check one)  will be picked up by (name) \_\_\_\_\_  
 will walk home  
 will travel home by other means as described: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone