

WASHINGTON UNIFIED SCHOOL DISTRICT

Parent Permission for School Related Field/Activity Trip and Consent to Treat Form

6131-1-INS 12/96

SCHOOL: _____ DATE: _____

_____ has the opportunity to take part in a school related field/activity trip away from the school. Participation in this activity is voluntary and requires your written permission. If you approve the following arrangements, please sign at the bottom and return the form to the faculty sponsor/coach.

NATURE OF ACTIVITY: _____

DESTINATION: _____ TRIP SUPERVISOR: _____

DATE OF TRIP: _____ TIME OF DEPARTURE: _____ TIME OF RETURN: _____

MEANS OF TRANSPORTATION: (Sponsor please check one)

- District School Bus
- District Vehicle Other Than School Bus
- Private Contract Vehicle Approved by Public Utilities Commission
- Walking

Emergency Information: I agree, in the case of a medical emergency, illness or injury, that the supervisor has my express permission to take the above named student to a doctor or medical facility to receive emergency treatment.

Date: _____

(for interscholastic sports, see attached sheet)

Signature of Parent of Guardian

Emergency Phone Numbers: (1) _____

(2) _____

THIS FORM MUST BE COMPLETED FOR EACH FIELD TRIP/ACTIVITY/SPORTS TRIP AND SUBMITTED FIVE (5) SCHOOL DAYS BEFORE THE FIRST SCHEDULED EVENT.