SEATTLE PUBLIC SCHOOLS
INFORMED CONSENT / PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a field trip to, and/or involving

_____,

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

1. I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, 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 have a full understanding of the risks associated with this activity and voluntarily choose to encounter that risk and permit my child to participate. I have been made aware of the field trip itinerary and understand that the Seattle School District will make reasonable efforts to provide a safe environment. The risks include, among other things: hitting stationary objects or vehicle accident while transporting to and from the trip, and:

   _____

   _____ **(Parent/Guardian Initial)____.**

2. I certify that I have medical insurance to cover any injury that may be sustained by my child. I agree to bear the costs of any/all medical bills and any/all damages that may be caused by my child during this trip. **(Parent/Guardian Initial)____.**

3. I further certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. **(Parent/Guardian Initial)____.**

4. I understand that transportation for this activity will be provided by:
   - ❑ District bus/vehicle
   - ❑ Private vehicle (Staff/volunteer/parents) transporting students and the vehicle owner's insurance is primary coverage.
   - ❑ Other - Specify (e.g., walk, Metro Transit, etc.): _____ **(Parent/Guardian Initial)____.**

As parent/guardian, I hereby give my permission for (Student's Name) _____, who attends

_____School to participate in a field trip on ____/____/200_ from _____ AM PM to ____/____/200_
(circle)

_____ AM PM for the purpose of _____.
(circle)

Student's address: _____ City _____

Student's home phone #: ( )_____ Date of birth:_____/_____/_____

Family Physician: _____ Phone #: ( )_____

Medical conditions, (including ***all*** allergies), and medication information the 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 #: ( )_____

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand every reasonable 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, I agree that neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, or illness. **I allow my child to participate in the above activity and agree to assume the risk for/to my child that accompanies this activity.**

_____	_____	( ) _____	( ) _____
Signature of parent/guardian	Date	Work phone	Home phone

School Administrator (signature): _____

District-sponsored, Out-of-County field trips require approval (4 weeks in advance) of Risk Manager (33-361)

Risk Manager (signature): _____