

## Lake Washington Lake Washington School District

School District Parent/Guardian Field Trip Informed Consent Form

I hereby give my permission for	
who attends Renaissance School of Art and R	(name of student) Reasoning
·	(school) erground Tour and Klondike Muesum
on $\frac{03}{1}$ $l$ $\frac{22}{2}$ $l$ $\frac{2019}{1}$ for the purpose of	(destination) ∟earning about Seattle and Washington State History
(date)	
Transportation for this activity will be	
provided by istrict bus/vehicle	
☐ Other	
in the event of injury to administer emergency car	ed physician to examine the above-named student and re and to arrange for any consultation by a specialist, sure proper care of any injury. I understand that every to explain the nature of the problem prior to any
In the event it becomes necessary for Lake Wash emergency care for your student, neither the staff assumes financial liability for expenses incurred by circumstances.	
Student address:	
Student home phone:	Date of birth:
Describe any medical condition, including allergie	es that could impact the student's field trip experience:
□ None □ See below	
On the line below, please print parent/guardian na	ame, and home, work and/or cellular phone number:
In the event of an emergency (injury, illness and unotified in case the parent/guardian cannot be co	unforeseen incident), the following person must be ntacted:
Name:	Phone:
provide a safe environment during the field trip. As the	the school district will make every reasonable effort to e parent/guardian of the above named student I understand ion in these activities including physical injury, and/or other on all field trips.
I received a detailed itinerary	· · · · · · · · · · · · · · · · · · ·
I received a list of things to bring (if any)	☐ yes ☐ no *Please Bring a sack lunch
Signature of parent or guardian	 Date