Lake Washington School District # 414 PARENT/GUARDIAN FIELD TRIP INFORMED CONSENT FORM

I hereby give my permission for,		8th Grade
	(name of student)	
who attends,	Renaissance School of Art & Re	easoning
to participate in an overnight trip to:_	Camp River Ranch, Carnation (destination)	Washington
from <u>Tuesday</u> , <u>September 19th</u> , <u>th</u> outdoor education, natural history, le		for the purpose of:
Transportation for this activity wil	l be provided by District or Chai	rter bus.
As parent, or legal guardian, the event of injury to administer eme surgeon, as deemed necessary to insu contact parent or guardian to explain In the event it becomes neces emergency care for your student, neit	I authorize a qualified physician to regency care and to arrange for any ire proper care of any injury. I unde the nature of the problem prior to a ssary for the Lake Washington Sch ther the staff-in-charge nor the Lak red because of accident, injury, illne	ool district staff-in-charge to obtain e Washington School District assumes ess, and/or unforeseen circumstances.
On the lines below, please clearly pr	int parent/guardian name, and hon	ne, work and/or cellular phone number:
case the parent/guardian cannot be co	ontacted:	he following person must be notified in
	e field trip. As the parent/guardian d with participation in these activit chool rules apply on all field trips.	will make every reasonable effort to a of the above named student I understand ies including physical injury, and/or other