



Date: _____

PARENT PERMISSION TO PARTICIPATE IN FIELD TRIP

WENATCHEE SCHOOL DISTRICT #246 -- SCHOOL NAME: _____

Dear Parent:

This form is used to keep you informed of school activities that take place beyond our actual school premises and to secure permission for your child's participation in such activities.

We feel that no student should be permitted to attend a field trip without parental permission for we believe our school should be protected against ordinary risks inherent in any such activity, therefore, no student will be allowed to attend the field trip without this form in hand or on file prior to the date of the field trip.

Wenatchee School District is providing adult supervision and will be taking precautions to protect the well-being of all attendees; however accidents can and do occur at events such as these. Any medical bills due to injuries during the field trip are the responsibility of the students, parents, or guardians.

Field Trip Location: _____ Date _____ Type of Transportation: _____

****Please see attached sheet describing the field trip activities and any risks you should be aware of.**

Students are required to make the return trip by the same mode of transportation unless special permission is requested in writing by the parents and said request presented to the teacher in charge prior to the day of the trip.

Name of Student: _____

Permission is granted

Permission is NOT granted

PARENT PLEASE COMPLETE THIS SECTION AND RETURN THE ENTIRE FORM TO THE SCHOOL OFFICE

Emergency Contact Phone # _____

Secondary Emergency Contact _____ Phone # _____

In consideration of the advantages of this field trip, I knowingly, voluntarily, and for adequate consideration release and waive, and further agree to indemnify, hold harmless, and reimburse Wenatchee School District No. 246, its agents and employees, from and against any claim which I, my student, or any other person may now or hereafter have or claim to have for on account of any losses, damages, personal injuries, pain and suffering, death, or property damage resulting from, or arising out of my student's participation in the field trip.

If my child has a medical condition that requires health services and/or medication(s) while on this field trip, I have indicated those needs to in the space provided below.

Medical condition or health concerns (severe allergies or relevant medical conditions):

Your Name: _____ Relationship to Student: _____

I have read and understood this document and hereby consent to my student participating in the activity as described.

Signature: _____ Date: _____

The Wenatchee School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Section 504/ADA Coordinator and Civil Rights Compliance Coordinator: Mark Helm, Executive Director of Student Services (for students) helm.m@wenatecheschools.org, 235 Sunset Ave, Wenatchee WA, 9880, 509.663.8161.