

Parent/Guardian Field Trip Authorization



**SEATTLE
PUBLIC
SCHOOLS**

Student: _____

School: _____

Field Trip Destination: _____

Date of Field Trip: _____ Departure Location: _____

Departure Time: _____ Return Time: _____

Return Location: _____

Type of Transportation:

Metro Private Vehicle/Driver: _____

Other: _____

Activities involved in experience: _____

I have reviewed all of the above information. I have reviewed the list of expected activities and I am aware of any special dangers and risks inherent in participating in this activity. I hereby give my permission for my daughter/son to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of the trip and its itinerary.

Signature of Parent/Guardian _____ Date: _____

MEDICAL RELEASE

In case of an emergency, I, _____ parent/guardian of _____ authorize and consent to emergency medical, surgical, hospital care, treatment and procedures deemed immediately necessary by a physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

Signature of Parent/Guardian _____ Date: _____