

**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: \_\_\_\_\_

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**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: \_\_\_\_\_