

SKYLINE HIGH SCHOOL
1122 228th Avenue SE ♦ Sammamish, WA 98075-9509
Phone: (425) 837-7700 ♦ Fax: (425) 837-7805

Principal: Lisa Hechtman

Assistant Principal: Jeff McGowan

FIELD/ACTIVITY TRIP ♦ PARENT/GUARDIAN PERMISSION

Dear Parent/Guardian:

Your son/daughter is invited to participate in the following field/activity trip.

Student's first and last name: _____

Activity: ___SHS BAND_____ Date: _9/7/2013_____

Staff Responsible: ___PITT_____ Destination: ___Husky Stad./UW_____

Time involved: From ___5 PM_____ To @ 10 PM

Type of transportation:

_____ Commercial transportation _____ District van ___X_ Bus

_____ Parent/Private Vehicle* _____ Teacher/Private Vehicle* _____ This will be a parent supervised field trip. No teacher will be in attendance.

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the School District will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity. In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the School District to secure emergency medical care as needed.

Being full informed as to these risks, I hereby consent to the student participating in the field/activity trip mentioned above.

Parent/Guardian name _____ Phone number _____

Home address _____

(Signature of Parent/Guardian)

(Date)

(Revised 3/02)

I. TO BE COMPLETED BY PARENT OR GUARDIAN

EMERGENCY MEDICAL INFORMATION: (TO BE COMPLETED FOR FIELD TRIP ONLY)

Medical/Health provisions that the field trip supervisor should be aware of are listed below. This is especially important for out-of-town field trips.

SPECIAL MEDICAL/HEALTH CONDITION _____

MEDICATIONS _____

(NOTE: Any medication carried by a student should be in a container labeled with the student's name, name of medication and dosage)

IN CASE OF EMERGENCY THE FIELD TRIP SUPERVISOR MAY CONTACT THE FOLLOWING PERSON(S)

NAME _____ PHONE _____

NAME _____ PHONE _____

If contact cannot be made, the field trip supervisor has my permission to seek emergency medical care for my son/daughter.