

Field Trip Permission Form Eckstein Middle School

You must turn this into your teacher **one week before** the field trip.

Student's Name: _____ Date(s) of Absence: _____

Destination: _____

Field Trip Supervisor: _____ Leave Time: _____ Return: _____

Description of Field Trip: The purpose of this field trip is...

*(Field Trip Supervisor, please provide a brief description of where the students will be going, what they will be doing and why.)

Costs, Lunch & Transportation: (Field Trip supervisor, please check off the boxes that apply for lunch and transportation)

Cost:

The cost for the field trip is \$_____

*Please make checks payable to Eckstein Middle School

I am enclosing \$_____.

*If you are able to contribute more than the cost for your student, it would help accommodate students in need of a scholarship.

My child needs a scholarship (Please circle one): Yes No

Lunch:

- Lunch will be provided
- My child will bring lunch
- My child needs a sack lunch provided by school

Transportation:

Students will travel by:

- School Bus
- Charter Bus
- Public Transportation

*Students, Parents/Guardians: permission forms must be submitted at least one week prior to the day of the field trip. If you wish to help with this Field Trip by chaperoning, please contact the Field Trip Supervisor.

Behavior Expectations:

All rules and behavior expectations that apply at Eckstein apply to all aspects of the field trip I participate in. Any infractions will result in disciplinary action outlined by Seattle Public Schools progressive discipline policy.

Student Signature _____ Date _____

Emergency/Medical Information

Medical/Health Provisions the Field Trip Supervisor should be aware of:

Special Medical/Health/Allergy Conditions: _____

Medications (if any): _____

Doctor's Name: _____ Phone Number: _____

In case of emergency:

In case of an emergency, I, (print name) _____ parent/guardian of (print name) _____ 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.

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

Parent/Guardian Name(s) (Print Name) _____

Signature of Parent/Guardian _____ **Date** _____

Parent/Guardian Phone #1 _____ **#2** _____

Name of Alternate Emergency Contact (Print Name) _____

Phone #1 _____ **#2** _____