

STUDENT TRIP PERMISSION FORM

Name of Student: _____

Place/Activity: _____ Supervisor: _____

Date(s) of Trip: _____ Time of Departure: _____ Time of Return: _____

Transportation (check appropriate category – all drivers require completion of 2320 F-4)

_____ District Vehicle/Employee Driver	_____ District Vehicle/Adult Volunteer Driver
_____ Private Vehicle/Employee Driver	_____ Private Vehicle/ Adult Volunteer Driver
_____ Public Transportation	_____ Private Carrier: _____
_____ Walk	_____ Other: _____

Medical Information: In the space below, please list special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special diets needed: _____

Hold Harmless: Although I understand that Bellingham School District will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in my child’s participation in this activity. Further, I accept full responsibility for the behavior of my child during this activity and agree to hold harmless the school, school district, district employees, volunteers and board members for any injury or illness of any nature whatsoever associated with my child’s participation in this activity, negligence notwithstanding.

In the event of an injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Being fully aware of the risks, I hereby give my consent for the above named student to participate in the above mentioned activity.

Parent/Legal Guardian Signature

Date

Student Signature (for grades 6-12)

Parent/Guardian Printed Name

Phone Number: Home/Cell/Work

Emergency Contact Person

Emergency Contact Phone Number

Name of Preferred Doctor

Doctor’s Phone Number