



STUDENT TRIP PERMISSION FORM

Name of Student: _____ Supervisor: _____

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

Place/Activity: _____ Please provide details of the trip and activities students will participate in or attach a letter to parents with the details of the trip. For overnight trips, include eating and sleeping arrangements:

Transportation (check one) – Completion of 2320 F-4 required for all district and private vehicles below*

- District Bus
- Private Vehicle/Employee Driver*
- Public Transportation
- Walk
- District Vehicle/Employee or Adult Volunteer Driver*
- Private Vehicle/Adult Volunteer Driver*
- Private Carrier _____
- Other _____

Medical Information: In the space below 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 dietary needs. **It is the responsibility of the parent/guardian to notify the teacher/coach/nurse of any life-threatening allergies:** _____

Each student participating in an overnight trip who will bring and/or use any medication during the trip must submit an Overnight Field Trip Medication Request Form 2320F-7 signed by the parent or guardian and licensed health care provider, if applicable. Form 2320F-7 must be submitted at least five days prior to the trip.

Awareness of Risk: Although I understand that Bellingham Public Schools 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. I accept full responsibility for the behavior of my child during this activity. 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