



Tahoma High School

Student Field Trip Form

As a parent or guardian of a student requesting to voluntarily participate in a _____
 Field trip, I hereby acknowledge that I have read, understood and agree to the following:
 I hereby give my permission for _____

to participate in a field trip on _____ **Name** from _____ to _____
Date **Time of departure and return**
 to _____

Location

Transportation (check one)

- School bus/vehicle
- Private Vehicle
- Other (e.g. walk, Metro bus)

A star beside a teacher's initials indicates that absence may affect the grade in that class

Teacher Initials			
1		5	
2		6	
3		7	
4		8	

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

 Signature of parent/guardian **Date** **Work phone** **Home phone**

Extended Trip Information

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and 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 these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

 Signature of parent/guardian **Date** **Work phone** **Home phone**

PLEASE COMPLETE BOTH SIDES OF FORM

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Code of Conduct

I understand that all school and district Policies are in effect on trips, such as:

1. No consumption or possession of illegal substances (alcohol, drugs, paraphernalia).
2. Show courtesy and respect toward others at all times.
3. No gambling.
4. No use of tobacco.
5. All rules, including schedules and curfew, will be strictly adhered to.
6. Advisors and chaperones may detain, question, and check students regarding suspected violations of established rules if there are reasonable ground for taking such action.

Disciplinary Action

I understand the following are examples of disciplinary actions which may be taken in the event that the Code of Conduct, and school or district policies are not followed:

1. Sent home immediately at his/her own expense. In addition, students found in violation of School District Policy No. 3240 regarding, but not limited to, use/possession of illegal substances (alcohol, drugs, paraphernalia) shall be subject to expulsion, suspension or discipline which could result in loss of credits, denial of diploma or removal from school activities such as, but not limited to, commencement, trips, etc.
2. Placed in the care of a chaperone.
3. Confined to a specified area.
4. Referred to school administration.

Medical Information

Student Name _____ Address _____
 Parent/Guardian home phone _____ work phone _____
 Parent/Guardian Cell phones _____
 Emergency contact _____ Phone _____
 Alternate contact _____ Phone _____
 Private Doctor _____ Phone _____
 Medicine in use _____ Allergies _____
 Insurance Company _____ Policy # _____

Signatures

In addition to the medical release my/our signatures below indicate that we have read and agree to comply with all of the above while on the trip.

Student Signature		Parent Signature

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