ISSAQUAH SCHOOL DISTRICT FIELD/ACTIVITY TRIP - PARENT/GUARDIAN PERMISSION FORM

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

_	a student requesting to volu- ead, understood and agreed to		pate in a field trip, I hereby g: PAID ONLINE
Field Trip Destination	YWCA Dress for Success	Purpose _	To give back and learn about business
I hereby give permission f			who attends Issaquah High School
	(Print Student's	s Name)	(School Name)
to participate in a field trip	p on (date) 25-Mar-16	. Time i	involved: From 2:10 PM To 5:30pm
Type of Transportation:			
. District Vehicle by	y district staff		
	viding transportation. Parents	arrange transp	portation for their student.
Private Vehicle by			
·	Volunteer/Parent (volunteer	driver checkl	ist on file)
	metro bus, air, train) Descri		
Student's address:			City:
Parent's Phone: Home	Cell		Student Birthdate
Family Physician:	Phone #		
Medical conditions, medical	cation information or allergie	s the district s	hould be made aware of:
In the event of an emerger	ncy, I wish the following pers	son to be notif	ied in case I cannot be contacted:
Name		P	hone #
I understand that all school	ol and district policies are in	effect on this t	•
I understand that all school I understand that this is a	•	effect on this t	rip. by the Policies and Procedures of the
I understand that all school	•	effect on this t	•
I understand that all school I understand that this is a substant Issaquah School District. I acknowledge that this injury, paralysis or death, as be eliminated without jeopard School District, its School Bolimited to defense and indem	activity entails known and unan well as damage to property, or the dizing the essential qualities of the pard and Employees, and assign	effect on this to d is governed but ticipated risks we o third parties. In the activity. I ag s for any claims	•
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Signature of parent/guardianDateWork/Daytime PhoneAdopted: 12.92Revised: 03.16.05; 09.02.05; 08.06.09; 08.11.11