

Eckstein Middle School
Parent/Guardian Authorization for Day Field Trip

You must turn this into your teacher by **JUNE 1st**

Student Name: _____

Fieldtrip Supervisor: Jolene Anderson

Date(s) of Trip: June 23, 2017

Destination: Argosy Cruise Pier 55

Purpose(s): End of Year Fieldtrip

List of Activities:

Performance and adjudication

Supervision: (Check One)

Students will be directly supervised by adult chaperones on this trip at all times.

Students will be directly supervised by adult chaperones on this trip with the following exceptions:

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 \$ _____ \$45.00 _____

- 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 financial assistance.
- My child needs help with cost (Please circle one): Yes No

Lunch is provided on the cruise

Mode of Transportation: (Check all that apply.)

Walking

charter bus

public transit _____

boat

I would like to chaperone and I will contact Laura Leigh Young at 252-5010.

My Name is: _____ Email: _____

Students will leave from: Eckstein Middle School at 8:30a.m.

Students will return to: Eckstein Middle School at about 2:15p.m.

Chaperone/Student Ratio: 15:1 (max. ratio for K-5, 10:1; max. ratio for Grades 5+, 15:1)

STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Seattle Public Schools' Student Rights & Responsibilities Code of Conduct.

Student Signature _____

Date _____

THE BACK MUST BE FILLED OUT COMPLETELY

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the Individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SFS Student Rights & Responsibilities, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

- I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip. In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

My child DOES NOT require medication during this trip.

My child DOES require medication during this authorized trip.

If you checked yes, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

If the applicant is at least 18 years of age, the following statement must be read and signed by the student:

I certify that I am at least 18 years of age, that I have read and that understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature

Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:

I certify that am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ to participate in all aspects of this trip.

Student Name

Parent/Guardian Signature

Date

The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:

Print First and Last Name: _____

Address: _____

Telephone: (Cell) _____ (Home) _____ (Work) _____

Emergency Contact's First and Last Name: _____ Relationship to Student: _____