

**7<sup>th</sup> Grade Field Trip - Eckstein Middle School  
Parent/Guardian Authorization for Day Field Trip**

**FIELD TRIP DATE: Fri, June 23, 2017**

**RETURN THIS FORM by: Mon, June 12, 2017**

<b>TO BE COMPLETED BY THE SCHOOL</b>	<b>Student Name:</b>	<b>Fieldtrip Supervisor:</b> <i>Ronald E. Timmons</i>
	<b>Date of Trip:</b> <i>June 23, 2017 (return this form by 6/12)</i>	<b>Destination:</b> <i>Lynnwood Skate and Bowl</i>
	<b>Purpose(s):</b> <i>End of year celebration!</i>	
	<b>List of Activities:</b> <i>Skating and bowling</i>	
	<b>Supervision:</b> <i>Students will be directly supervised by adult chaperones on this trip at all times</i>	
<b><u>Costs, Lunch &amp; Transportation:</u></b>		
<p><b>Cost:</b>                  The cost for the field trip is \$ <u>22.00</u> *                  * 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 to accommodate students in need of financial assistance.                  My child needs help with cost (please circle one):    Yes            No</p>		
<b>Lunch:</b> Slice of pizza and a soft drink will be provided		
<b>Mode of Transportation:</b> Students will travel by charter bus		
Students will leave from Eckstein Middle School at <b>9:30 AM</b> Students will return to Eckstein Middle School at <b>about 2:45 PM</b>		
District-Required Chaperone/Student Ratio: 15:1		
<input type="checkbox"/> <b>I would like to chaperone and will notify Laura Leigh Young at <a href="mailto:llyoung@seattleschools.org">llyoung@seattleschools.org</a></b> My name is: _____ Email: _____		

**TO BE COMPLETED BY THE STUDENT**

**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



**BACK OF THE FORM MUST BE FILLED OUT COMPLETEY**

## 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, including any acts of negligence or otherwise 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 I/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 SPS 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.

\_\_\_\_\_ No, my child DOES NOT require medication during this trip.

\_\_\_\_\_ Yes, 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.

I certify that I 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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact's First and Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact's Telephone #s: \_\_\_\_\_

SIGN  
HERE

SIGN  
HERE

SIGN  
HERE

TO BE COMPLETED BY THE PARENT/GUARDIAN