

FIELD TRIP/ACTIVITY PERMISSION SLIP

An activity has been scheduled for Selah High School Football Program to travel to
(Name of class or group)

Cispus Learning Center, Randle WA. This group will leave school at _____
(Destination)

11:00 AM on August 22, 2019 and expect to arrive back at approximately _____
(Time and date)

1:00 PM on August 24, 2019.
(Time and date)

I understand, and my son/daughter understands, the rules of behavior on this trip will be the same as for all school functions, whether at school or away from school. I give permission for _____ (student) to attend this field trip under the direction of _____ Head Football Coach, Scott Ditter (adult sponsor) and I assume full responsibility for him/her. I also agree to hold harmless the Selah School District No. 119, and its appointed and elected officials and employees while acting within the scope of their duties and such, from and against all claims, demands, loss, or liability of any kind and character, including costs of defense, arising out of or in any way connected with the field trip/activity specified in this agreement.

(Signature of parent/guardian) *(date)*

I understand that field trips/activities are optional and as I wish for my child(ren) to participate, I hereby give permission for school authorities to seek medical attention/treatment as deemed necessary while on this field trip/activity. I understand responsibility for any emergency medical attention/treatment would be mine.

My child requires medication on this field trip that is not already given/taken at school. Please return medication authorization prior to field trip.

(Signature of parent/guardian) *(date)*