

Permission To Participate In School Trip - High School

After reviewing the information provided regarding this trip, I hereby grant permission to participate for:

STUDENT NAME _____ SCHOOL Mead High School

TRIP PURPOSE Rehearsal observation and workshop

TRIP DESTINATION Whitworth University TRIP DATE March 20, 2019

TRANSPORTATION: District Bus or vehicle District Bus

Other (description) _____

ADDITIONAL NOTES: _____

TO BE COMPLETED BY PARENT (All bold faced items):

Please list any medical conditions of which school staff should be aware _____

Emergency Contact Number _____

I acknowledge that this activity entails inherent risks of bodily injury as well as damage to or loss of property. I hereby release the Mead School District, and its staff and representatives, from liability for such loss or injury as the result of this trip, to the extent allowed by law.

I certify that my child has no known medical or physical conditions which could interfere with his/her safety in this activity. In the event that it becomes necessary for the school district staff in charge to obtain emergency care for my child, I acknowledge that neither the school district or the individual staff member is responsible for the expense incurred as the result of the accident, injury, illness, or other unforeseen circumstance.

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

Signature of Parent/Legal Guardian _____ Date _____ Phone _____

TRIP INFORMATION (Attached)

I have read and reviewed with my child the attached itinerary (detailing dates, places, events, times, etc.) and behavior expectations. I am also fully aware of the special dangers and risks inherent in participating in these activities. Being fully informed as to these risks and expectations, we agree to abide by those expectations and participate in the event listed above.

Signature of Parent/Legal Guardian _____ Date _____ Phone _____

Signature of Student Participant _____ Date _____