SEQUIM SCHOOL DISTRICT FIELD TRIP PARENT PERMISSION

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for				. who	
		(Student's name)			
attends	T L	to participate in a field		_ for the purpose of	
Please return by:					
	ehicle	volunteer/parents transportin	g students		
Student's address		City, Stat	e, Zip		
Student's home ph	one #	Date of birth			
Family Physician_		Phone #			
In the event of an e		n the following person(s) to b Phone#	e notified in case l	cannot be contacted	
 Nar	ne	Phone #			
I understand Sequ	im School Distric ries, but does off	t #323 does not provide acci fer student accident insuranc			
I certify that my ch this activity.	ild has no medica	al or physical conditions which	n could interfere w	rith his/her safety in	
illness, administer	emergency care	dical professionals to examin to the above named student. of the problem prior to any in	I understand ever		
my student, neithe	r she/he nor the o	or the school district staff-in- district assumes financial liab nforeseen circumstances.	_		
Signature of pare	nt/guardian _				
——————————————————————————————————————		ork phone	Home pl	none	

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