

# ANACORTES SCHOOL DISTRICT #103

Form No. 2320-F1

## ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a 6<sup>TH</sup> GRADE  
(School Group or Class)  
field trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for \_\_\_\_\_, who  
(Student Name)  
attends ANACORTES MIDDLE SCHOOL to participate in a field trip on  
(School)  
SEPT 18-20, 2019 from 9:00 AM to 1:45 PM for the purpose of  
(Date) (Time) (Time)  
CAMP ORKILA  
(School Activity)

Inherent Risk of Injury: SOME RISK DUE TO OUTDOOR ACTIVITIES

Transportation for this activity will be provided by:

- District bus/vehicle  
 District not providing transportation. Parents make own transportation arrangements  
 Other (e.g. - walk) FERRY, YMCA BUS ON ORCAS ISLAND

Student's address: \_\_\_\_\_

Student's home phone # \_\_\_\_\_

Date of birth: \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:  
\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:  
\_\_\_\_\_

Phone: \_\_\_\_\_

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I acknowledge that this activity could result in physical injury. Therefore, should it be necessary, I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

**\* COMPLETE ALL SECTIONS ON BOTH SIDES OF FORM.**

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In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## EXTENDED TRIP INFORMATION

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_