Everett Public Schools Field Trip Informed Consent Notice

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| | | Student Name | | | |
|--|--|---|---|--|--|
| Coordinating Staff Member Signate | ure Date | Date Building Administrator/Designee Signature D | | Date | |
| Destination: | | Place of Lodging: | | | |
| Address: | | Phone # : | | | |
| Trip Purpose/Objectives: | | | | | |
| Class/Staff Member: | | | | | |
| <u>Departure</u> Ref | | <u>Return</u> | urn Number Attending | | |
| Date: | Date: | Stuc | lents Adults | | |
| Time: AM/PM | Time: | AM/PM | Itinerary attached: 🚨 Ye | s 🛚 No | |
| Location: | Location: | | Item list attached: 🚨 Ye | s 🛚 No | |
| Type of Transportation | | | | | |
| ☐ District Bus ☐ District Vehicle | □ Commercial 1 | ransportation 🛭 Other: | | | |
| ■ No District Transportation Provided (par | ent/guardian arrange | d transportation) | | | |
| SECTION TO | | TED BY PARENT/GUA | DDIAN | | |
| SECTION IV | J BE COMPLE | TED BT PARENT/GUA | RDIAN | | |
| Student ID Number | | Student Nam | Student Name | | |
| Medical Information | | | | | |
| ☐ My student does not have any special hea | alth problems. | | | | |
| | | | | | |
| List any special nealth problems. The following | a special fleath proble | ns should be noted and adequate p | recautions taken (list such | items as | |
| | | ns should be noted and adequate p philia, diabetes, heart disease, etc.) | | items as | |
| | | | | items as | |
| unusually severe reaction to bee stings, other | severe allergies, hemo | philia, diabetes, heart disease, etc.) | · | | |
| unusually severe reaction to bee stings, other Any medication, prescription or non-prescription | severe allergies, hemo | philia, diabetes, heart disease, etc.) rders from a licensed health care pr | · | | |
| unusually severe reaction to bee stings, other Any medication, prescription or non-prescription My student is not taking any medications of | severe allergies, hemo on, must have signed on or topical(s) on this field | philia, diabetes, heart disease, etc.) rders from a licensed health care pr | · | | |
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