Seattle Public Schools

Parent/Guardian Authorization for Day Field Trip

Directions:

SPS Staff: 1) Use one form per trip.

- 2) Complete the School Portion of form on page 1.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent and student signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

Students: 1) Complete the "Student Agreement" on page 1.

Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:

- 1) Complete the "Authorization & Acknowledgement of Risks" section on page 2.
- 2) Complete the "Medical Authorization" section on page 2.

	School Name: Roosevelt High School		Student Name:				
	Date(s) of Trip: Tuesday, 2/11/2020		Destination:	University of	Washington / Mean	y Hall	
JOC	Purpose(s):	ance and listening opportunity v	with clinic and workshops				
зсн	List of Activities: perform	s, listen to other bands					
ВҮ ТНЕ ЅСНООІ	Supervision: (Check One) x Students will be directly supervised by adult chaperones on this trip at all times. Students will be directly supervised by adult chaperones on this trip with the following exceptions:						
	Mode of Transportation:	(Check all that apply.)					
LETED	☐ walking	☐ school bus	☐ public transit		Other		
BE COMPL	Students will leave from: Roosevelt High S (where)		School / Their home	at	8:00 am (time)	<u>.</u>	
BE	Students will return to: Roosevelt High		School / Their home	at about	5:30 pm		
ТО	Chaperone(s) in Charge:	(where) Scott Brown			(time)		
	Chaperone/Student Ratio:	(max. ratio for		K-5, 10:1; max. ratio for Grades 5+, 15:1)			
	STUDENT AGREEMENT						
THE STUDENT	While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Basic Rules of Seattle Public Schools – Code of Prohibited Conduct.						
10 B	Student Signature		Date		 		

Emergency Contact's Telephone #s:

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AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS Student Rights & Responsibilities, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the chaperones listed to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

My child <u>DOES NOT</u> require medication during this trip.		
My child DOES require medication during this authorized trip.		
If you checked yes, please describe in the space below the type of medication taken on an as-needed basis, specify the symptoms or conditions when medicated the symptoms of conditions when the symptoms of conditions where the		
If the applicant is at least 18 years of age, the following statement must certify that I am at least 18 years of age, that I have read and that I underst terms and conditions.		by its
Student Signature If the applicant is under 18 years of age, the following statement must I certify that I am the parent and legal guardian of the applicant, that I have rewill be bound by its terms and conditions on my own behalf and on behalf of	read and that I understand the above Agreement, and that I acce	
I give permission for:(student	to participate in all aspects of this trip.	
Parent/Guardian Signature	Date	
Parent/Guardian Signature The student, if at least 18 years of age, or the parent/legal guardian me		
v	ust complete the information below:	
The student, if at least 18 years of age, or the parent/legal guardian me	ust complete the information below:	
The student, if at least 18 years of age, or the parent/legal guardian me	ust complete the information below:	
The student, if at least 18 years of age, or the parent/legal guardian me Print First and Last Name: Address:	ust complete the information below: (Work)	

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Important Medical Information Form

Student Name:		Date of Birth:					
Parent/ Guardian Name(s):							
Telephone: (Cell)	(Home)	(Work)					
Telephone: (Cell)	(Home)	(Work)					
Emergency Contact Information: (other than parent/guardian)							
(1) Name		Relationship to Student					
Phone Number		Other Contact Information					
(2) Name		Relationship to Student					
Phone Number		Other Contact Information					
Primary Care Physician's Name and C							
Health Insurance Provider's Name, Policy #, and Contact Information (in case of emergency):							
Insurance Provider Claim Instructions	s/Procedu	res (in case of emergency):					

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Student has the following health issues and/or allergies of which SPS should be aware: Health Issues:					
Allergies (food, medication, insects, plants, animals, etc.):					
Student takes the following medications and/or prescriptions of which SPS should be aware:					
List requirements/directions for administration of this medication:					
If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.					
Is there any factor that makes it advisable for your child to follow a limited program of physical activity, (i.e. asthma, recent surgery, heart condition, abnormal fear, etc.)?					
If yes, specify the ways in which you wish his/her program limited:					
Additional information of which SPS should be aware concerning student's health:					
I authorize the release of the information given above to other school staff in order to coordinate services.					
Student Signature, if at least 18 years of age	Date				
Parent/Guardian Signature, if student is under 18 years of age	Date				

^{*} If necessary, attach doctor's letter to this form.
* If necessary, attach copies that document student's shots and immunizations to this form.