

OMAK MIDDLE SCHOOL

14 S Cedar Omak, Washington 98841 – Phone: 509-826-2320

FIELD TRIP, EMERGENCY INFORMATION & INFORMED CONSENT

I give permission for _____
to participate in a field trip to _____
on _____ for the purpose of _____

Transportation for this field trip will be provided by:

___ district bus/vehicle
___ other (specify) _____

We will depart from _____ at _____
and return at _____.

The cost of this field trip is estimated at _____ for the following: (circle all that apply)

Food Souvenirs Personal items Activity Other _____

Medical/Emergency Information

Does the student have any medical or physical condition, medication, or allergies which could interfere with the student's safety? ___ yes ___ no If yes, please describe _____

Emergency Contact

Name _____

Phone: _____ Relationship _____

As the parent/guardian of the above named student, I understand that there may be risks associated with participation in school-related field trips. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my son/daughter.

Family Physician: _____ Phone: _____

Insurance information _____

Parent/Guardian Signature _____ Phone _____

Students: By signing below, you acknowledge that your conduct will at all times be in accordance with the OMS student handbook and that school rules of conduct apply while on the field trip.

Student Signature _____ Date _____