

**OLYMPIA SCHOOL DISTRICT
CAPITAL HIGH SCHOOL
FIELD TRIP PERMISSION FORM**

Student Name: _____ **Grade:** _____

I understand and give permission for my student to take part in field trips and educational excursions, either in a bus, boat, plane, by private care on bicycle, or on foot. I further understand that my student will be chaperoned by a responsible adult at all times while away from school and that the adult will take all necessary precautions to protect my student from harm and injury.

In the event my student is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the chaperone will immediately seek medical attention for my student and contact me as soon as possible. With this understanding, I agree to hold the Olympia School District #111, its teachers, staff, and administrators harmless for damages, injuries, and/or costs resulting from accidental injury to the above named student.

Date: _____

Parent/Guardian: _____
Phone _____

Address: _____

Emergency contact: _____
Phone _____

Preferred hospital: _____
Phone _____

Name of Insurance company/policy #: _____

This form needs to be dated, signed, and returned to the teacher before departure of the trip.