

**RENTON SCHOOL DISTRICT NO. 403
NOTIFICATION OF FIELD TRIP**

Student Information

Name _____ Grade _____

Emergency Phone (where parents/guardians can be reached on date of trip) _____

Address _____

Medical Information

Does your child currently have medications at school which need to accompany him/her on a field trip or have any other medical conditions which will require attention during the trip?

YES _____ NO _____ Please explain _____

_____ The school office has medication information on file.

_____ I will provide the medication with the required, completed Administration of Oral Medication Form.

Field Trip Information

Where: _____

When: Date _____ Hours: From _____ to _____

Transportation Arrangements: _____

Purpose: _____

Teacher(s) in Charge: _____

Lunch will be: Bag Lunch _____ School Lunch _____
Milk can be purchased: Yes _____ NO _____

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the School District to secure emergency medical care as needed,

Parental Acknowledgement

Date: _____ Parent's Signature: _____

The section below to be completed ONLY if parent DOES NOT wish child to go on the field trip.

We, the undersigned, DO NOT give consent for our child to take part in the field trip described above.

Date: _____ Parent's Signature: _____

PLEASE RETURN THIS FORM TO SCHOOL