

GIG HARBOR HIGH SCHOOL
REQUEST TO BE ABSENT FOR SCHOOL SPONSORED ACTIVITY/FIELD TRIP

STUDENT PROCEDURE:

DATE _____

1. Route to each teacher.
 2. Obtain parent/guardian signature.
 3. Return to teacher sponsoring the activity two days before activity.
- Student will not participate in this activity if form is not returned.

ABSENCE FOR SCHOOL SPONSORED ACTIVITY/FIELD TRIP

The high school program at times requires that students be absent from school to participate in conferences, athletic contests, and field trips. These activities involve additional responsibilities as well as absence from school which the parent/guardians may or may not approve. In order to advise parents/guardians of these activities and consequences of absence, the following statements are requested:

Student Name (please print) _____ Student Number _____

on _____ from _____ to _____
Dates Departure Time Return Time

Activity _____ Signed _____ Supervisor Signature _____

SUBJECT	CONSEQUENCES OF ABSENCES	TEACHER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

***GIG HARBOR HIGH SCHOOL FIELD TRIP POLICY:**

It is the policy of Gig Harbor High School that any student attending school sponsored activities off campus is subject to the same rules which govern students in on-campus activities. In the case of a discipline problem, the student will be sent home at advisor discretion and at parent expense. As a representative of Gig Harbor, the student must maintain the highest standard of conduct. Transportation to school sponsored events will be by:

school bus _____ private car _____ (See reverse)

PARENT PERMISSION:

I understand the Gig Harbor High School field trip policy* and approve the participation of my student.

Parent/Guardian Signature

ACTIVITY COST _____

STUDENT STATEMENT:

I understand the Gig Harbor High School field trip policy* regarding expected student behavior; I also accept the responsibility to make up all classroom work missed during this activity.

Student Signature

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE – Field Trip /Activity Permission Form

As a parent or guardian of a student requesting to voluntarily participate in a _____ field trip or activity, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____ (student's name): _____
who attends _____ (school): _____
to participate in a field trip/activity on _____ (date): _____
for the purpose of _____ (activity) _____
Trip Itinerary: _____
Special Items needed for Trip: _____
Cost of trip: \$ _____

Transportation for this activity will be provided by:

- ☐ District bus/vehicle
☐ Private vehicle: Staff/volunteer/parents transporting students
☐ District not providing transportation. Parents make own transportation arrangements
☐ Other (e.g. - walk, metro bus)

Student's address: _____ City _____

Student's home phone # _____ Date of birth: _____

Family Physician _____ Phone #: _____

Medical conditions, medication information or allergies district should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone #: _____

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of parent/guardian Date Work phone Home phone

☐ **EXTENDED TRIP INFORMATION**

I have read the attached itinerary (detailing dates, places of lodging, events, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of parent/guardian Date

☐ Staff coordinating trip to verify all volunteers have prior WA State Patrol clearance on file with Human Resources

FormsOnLine: <http://www.peninsula.wednet.edu/support/Forms/AssumptionofRisk.doc>

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