

Policy and/or Procedure Reference No.

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Policy No. 3340

Effective Date:

Procedure No. 3340.1

November 16, 2010

Bellevue Public Schools
Bellevue, Washington

PARENT PERMISSION FOR PARTICIPATION IN EXTENDED FIELD TRIP ACTIVITY

I hereby give permission for _____
(Name of Student)

to participate in an extended field trip to Camp Schechter, Olympia
(Destination)

on Sept. 8th & 9th, 2011 for the purpose of High School Retreat.
(Date)

Students participating in this activity will be transported by Bus transportation provided.

If travel by private car is involved, your student will ride with _____,
(Name of Driver)

_____, who will be driving. It should be noted that the driver is responsible
(Telephone Number)

for the first \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or \$300,000 combined single limit on his/her personal vehicle. In the event of an emergency (injury, illness) we wish the following person to be notified in case the parent cannot be contacted:

(Name of Person) (Telephone Number)

If an emergency situation involving illness and/or injury should arise, the Bellevue district staff member in charge has my permission to seek the aid of a licensed medical doctor or to take the following action for emergency care:

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

An itinerary for the trip (detailing dates, place of lodging, events, etc.) is attached for your information.

In the event that unforeseen circumstances arise creating a need for you to contact your student or for information to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. Your contact person is:

(Name of Person) (Telephone Number)

Student's date of birth _____ Telephone No. _____

Address _____

(Signature of Parent)

(Signature of Notary)