

South Kitsap School District No. 402

Student Trips

On all school authorized trips of students away from school, a **PARENTAL PERMISSION SLIP** must be obtained by the teacher or principal supervising the event (except for regularly scheduled athletic events). Teachers should not take students on unauthorized trips.

Parental Permission Slip

Name: _____ has permission to participate in a school authorized trip to Camp Seymour on January 29, 2019
 The time of departure will be 9:30 AM from South Colby
 and the time of return will be February 1 @ 11:00ish to South Colby

Advisor Mrs. Vetter, Ms. Perry, and Ms. Nesseth

Transportation will be provided by (circle one): school bus school car private car

Students who have student insurance purchased by parents through the school are covered from the time they leave home until they return on school days and authorized school events. *Purchase of student insurance is encouraged.*

It is expected that students will observe all rules for acceptable school conduct. Parents and students must assume responsibility for safe and proper behavior.

The student and parents are responsible for transportation to and from the *point of departure*. Students who are transported to an event must return by school transportation unless they are released by the advisor directly to the parent. An exception to a student returning by school transportation or parent will only be granted with prior written parental request and advisor approval.

3240 Student Code of Conduct: Any student who willfully performs any act which negatively impacts others, or which materially interferes with, or is detrimental to the orderly operation of a school, a school-sponsored activity or any other aspect of the educational process within the South Kitsap School District, shall be subject to discipline, up to and including expulsion.

Disciplinary Action: I understand that the following are examples of disciplinary actions which may be taken in the event that the Code of Conduct, and school or District policies are not followed:

1. Place in the care of a chaperone.
2. Confined to a specific area.
3. Referred to school administration.
4. Or sent home immediately at his/her own expense. In addition, students found in violation of School District Policy No. 3240 regarding alcohol, drugs, or paraphernalia shall be subject to discipline – which could result in loss of credits, suspension, or expulsion.

Please turn form over for medical information and signatures

Medical Release: If the parent(s) and health care provider named cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Student Name _____ Address _____

Parent/Guardian Name _____ Work Phone _____ Home Phone _____

Person to call if injured _____ Phone _____

Alternate person to call _____ Phone _____

Medical concerns _____

Private doctor _____ Phone _____

Medicine in use _____ Medicine allergic to _____

Is medicine to be administered on field trip No Yes If yes, is Form 157 on file? _____

Insurance company name _____ Policy number _____

Signatures:

In addition to the medical release, my/our signatures below indicate that we have read and agree to comply with all of the above while on the trip.

Student Signature: _____ Parent/Guardian Signature _____ Date _____

For Office Use Only

STAFF: Please route and notify the following:

- Transportation Nurse Kitchen Coaches Other