



# Parent/Guardian Consent Form for Local or Extended Field Trips

To be used for Local or Extended Instructional, Reward or Celebration Activity Field Trips. All field trips are subject to requirements specified in District Policy 6180 & Regulation 6180.1 or District Policy 2320 & Regulation 2320.1.

School Name: SAMI (Science and Math Institute)

**PLEASE SIGN AND RETURN TO YOUR CHILD'S TEACHER IMMEDIATELY**

I hereby give permission for (name) \_\_\_\_\_ to participate on the (name of field trip) MLK Assembly in (city, state) Tacoma, WA on (date(s)) January 18, 2019

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

### MEDICAL INFORMATION

In order for any TPS student to receive medication at school or while on a field trip, a signed doctor's authorization form must be on file in the school office.

List below any special medical information that could be important to your child:

\_\_\_\_\_  
\_\_\_\_\_

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

I authorize the Tacoma School District to secure emergency medical care as needed.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

Parent/Guardian Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

List below the name of another person to contact if you cannot be reached in an emergency:

Name (please print) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

*\*NOTE: Siblings of students are not allowed to attend field trips.*