

**OLYMPIA SCHOOL DISTRICT  
FIELD TRIP PERMISSION SLIP**

<b>EVENT OR ACTIVITY</b>			
<b>DESTINATION</b>			
<b>SCHOOL / CLASS OR DEPARTMENT</b>		<b>STAFF MEMBER IN CHARGE</b>	
<b>DEPARTURE DAY/DATE</b>	<b>TIME</b>	<b>RETURN DAY/DATE</b>	<b>TIME</b>
<b>NAME OF STUDENT</b>			

My son/daughter named above has my permission to participate in the described field trip. If this is a school activity which has frequent or repeating trips, I grant this permission to cover related trips for the \_\_\_\_\_ school year.

In case of emergency, the staff member in charge has my permission to obtain medical treatment for my child.

<b>MY PHONE CONTACT 8:00 AM TO 5:00 PM</b>	<b>MY PHONE CONTACT OTHER TIMES</b>
<b>ALTERNATE EMERGENCY CONTACT NAME</b>	<b>ALTERNATE EMERGENCY CONTACT PHONE NUMBER</b>

I have reviewed the itinerary rules concerning this trip or activity and give permission for my child to participate. I recognize that my child is responsible for his/her behavior and that all school rules apply. Further, I indemnify and hold the Olympia School District harmless from any claim not resulting from the fault of the District.

<b>SIGNATURE OF PARENT OR GUARDIAN</b>	<b>DATE</b>
--	-------------