

**OLYMPIA SCHOOL DISTRICT  
FIELD TRIP PERMISSION SLIP**

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

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.

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

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.

SIGNATURE OF PARENT OR GUARDIAN	DATE
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