



HIGH RISK FIELD TRIP ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

(Camp, Pools, Wild Waves)

5th and 6th grade  
Camp

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for \_\_\_\_\_, who attends Parkwood  
(Student's name)

Elementary to participate in a field trip on Oct. 16-18 for the purpose of Outdoor Education  
(School) (Date) (Activity) Camp

Transportation for this activity will be provided by:

- District vehicle by district staff
- Private vehicle: \_\_\_\_\_ by district staff
- \_\_\_\_\_ Volunteer/parents transporting students (completed volunteer driver checklist on file)
- District not providing transportation. Parents make own transportation arrangements
- Other (e.g. - walk, metro bus) Description: \_\_\_\_\_

Lunch (if applicable): On Wednesday, October 16 only

- I will provide a lunch for my child.
- I would like the school to provide a sack lunch for my child (using school lunch program)

Student's address: \_\_\_\_\_ City \_\_\_\_\_

Student's home phone # \_\_\_\_\_ Parents Work # \_\_\_\_\_ Child's Date of birth: \_\_\_\_\_

My child has medical insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Family Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:

In the event of an emergency, I wish the following people to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

All information is considered confidential. It is extremely important you provide ALL medical information that may impact the care for your student in an emergency.

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no physical conditions, which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

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

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Work phone)

\_\_\_\_\_  
(Home phone)

#### List of Field Trip Activities

Canoeing, hiking, outdoor games, archery,  
Squid dissection, skits

List potential dangers for the activity(s):

Not following directions may lead to accidents

#### TRIP INFORMATION

I have read the itinerary (detailing activities, events, date(s), places of lodging, etc.) and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)



# Camp Seymour

## October 16-18, 2019



Hi Parkwood 4th and 5th Grade Families!

Camp Seymour is a Parkwood 6th grade tradition. In the fall of 2019, BOTH 5th and 6th graders will attend camp because after 2019, 6th grade will transition to the middle school and camp will become a 5th grade tradition. So, next October, our classes head off to experience the YMCA's Outdoor Education camp in Gig Harbor. It is a highlight of our school year!

First, we are attaching the **permission form** needed before your student can attend camp.

**\*\*Please complete the forms and return them to your child's classroom teacher as soon as possible.\*\*** We know it seems early, but planning ahead for this trip is essential.

Second, did you know that you can start depositing money into **your child's camp account**? The cost of camp is \$165 per student. You may make deposits of any amount by sending a check made out to Parkwood Elementary, just mark it clearly with your child's name and Camp Seymour. In addition, there is scholarship money available, so if you know you will need a scholarship, please contact our Family Advocate, Ms. Treece, at 206-393-1397 or let your child's teacher know. We will work with you to make this experience affordable for your family!

Finally, we need **parent chaperones** to attend camp with us! It will be an experience you will enjoy as much as the students, so please consider this opportunity to join us. In addition to the usual volunteer background paperwork, each chaperone will also need to be fingerprinted. Chaperones do not have to pay the camp fee. If you are interested, please return the form below and we will contact you with further information about how to complete the necessary paperwork.

Camp Seymour is a fantastic experience for all. Email us with your questions!

Thank you, Your 6th grade teaching team,

Amy Roraback

Megan Chamberlin

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\*\*\*\*\*  
 YES! Count me in to be a parent chaperone at Camp Seymour in the fall!

Name: \_\_\_\_\_ Student name: \_\_\_\_\_

Contact email and/or phone number: \_\_\_\_\_