



Field Trip - Parent/Guardian Permission

Students must have a signed Parent/Guardian Permission Form to participate.
All policies and procedures of the NSD Student Rights & Responsibilities Handbook will apply during this field trip.

* Student Name (first, last) _____ * Student ID Number _____
School Bothell High School Field Trip Contact Person Tom Bainter
Date(s) August 20th-22nd 2025 Time Leaving School 6pm 8/20 Time Returning to school 9pm 8/20
Field Trip Name/Purpose Camp BothellHood football
Field Trip Destination (name/address) BHS 9130 180th st./ Kenmore lanes 7638 NE Bothell Way Kenmore/ or Bowlero 1222 164th st sw Lynnwood
Additional Information or Destinations (include sightseeing/side trips) Athletes will stay on Campus

Except for bowling, sleep in the gym, eat in the commons
Practice on the turf
☐ At this public performance or community service event, alcohol may be served to adult patrons
Student Fee* (admittance, transportation, etc.) \$ _____
*Families who have provided consent to receive fee waivers through the free & reduced meal process will have student fees automatically waived. Pay online and the fee will be zero dollars, credit card service fee also waived.
☐ Sack Lunch Required
☐ My child will bring a sack lunch from home
☐ My child will order a sack lunch from school

Transportation (check all that apply):

Bus transportation (district or chartered) is required for grades K-3. WA State car seat and booster laws must be strictly followed for all transportation.

- | | | |
|--|---|--|
| <input type="checkbox"/> Private Vehicle - Volunteer Chaperone (grades 4-12 only) | <input checked="" type="checkbox"/> School District Bus | <input type="checkbox"/> Commercial Airline, Train |
| <input type="checkbox"/> District or Private Vehicle - Staff Driver (grades 4-12 only) | <input type="checkbox"/> Charter Bus | <input type="checkbox"/> Airport/Hotel Shuttle |
| <input type="checkbox"/> Private Vehicle - Student Driving Self Only | <input type="checkbox"/> Walking | <input type="checkbox"/> Rental Vehicle |
| <input type="checkbox"/> NO District Transportation Provided** | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Public Transportation |

**Parents are responsible for transportation, staff may not assist with carpools, etc.; students must not be penalized in any way for not participating in an activity where school transportation is not provided.

STUDENT HEALTH AND/OR MEDICATION ALERT (Confidential) - At least 1 box must be checked

In case of a serious medical emergency 911 will be called to evaluate your student. Please provide a phone number at the bottom of this form where someone can be reached during this field trip. Check all boxes that apply below.

- ☐ My student has a specific issue/condition that needs to be reported to the driver for safety (describe) _____
- ☐ My student has **LIFE THREATENING CONDITION** (e.g. severe bee allergies, food allergies, severe asthma, seizures, diabetes, etc.). If checked please describe (school will attach emergency care plan) _____
- ☐ My child will need "over the counter" or prescription medication on this field trip, other than what they normally take during the school day. All medication must be labeled in the original container with the student's name on it. Any medication not authorized by your licensed healthcare provider cannot and will not be administered.
- ☐ I have completed the Authorization for Medication Form* and had it reviewed, signed, and returned by the licensed healthcare provider
- *Available on the NSD website under the Health Services section or request a copy by contacting your school nurse.
- ☐ NONE OF THE ABOVE HEALTH AND/OR MEDICAL ALERTS APPLY TO MY CHILD

PARENT/GUARDIAN CONSENT

I understand my student's participation in this field trip and associated activities is voluntary and is not required. Although Northshore School District (NSD) attempts to ensure the safety of all involved in school activities, I understand that there are inherent risks, seen and unforeseen associated with this field trip. I understand NSD does not carry accident/injury insurance for my child and that I'm responsible for any medical bills that may be incurred due to an accident, injury, or illness of my student while on this field trip. In the event of injury or serious illness, I as the parent/guardian of the above-named student, authorize emergency medical professionals to examine and administer emergency care to my student. By signing below, I agree to the above and grant permission for my student to participate in all aspects of this trip.

Primary Phone (must be completed in case of emergency) _____

Secondary Phone _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

- ☐ I would like to drive on this field trip
☐ I have _____ seats with seatbelts available
☐ I have completed the NSD Volunteer Orientation and am Level 2 approved.
☐ I have not completed the NSD Volunteer Orientation and need more information.