

## Field Trip Consent Form and Health Questionnaire

*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 2320 & Regulation 2320.1R and 2320.3R.*

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

I hereby give permission for \_\_\_\_\_ to  
(student LEGAL first and last name)

participate on the  in   
(name of field trip) (city, state)

on  with   
(date(s)) (Field Trip Lead/School/Org)

The cost of this trip is  and can be paid by

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

- NA My student will *BRING* a sack lunch from home.
- NA My student needs to *ORDER* a sack lunch from school.
- NA I would like to chaperone. Name \_\_\_\_\_ Phone # \_\_\_\_\_
- NA I CAN sponsor another student.

### Student Emergency Information

Parent/Guardian Name: \_\_\_\_\_

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

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

Student’s Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

*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 understand that it is my responsibility to inform the school if there are changes in my child’s health.
- I understand that the above information may be shared with school district staff or supervising volunteers as needed to protect the health and safety of the student and to plan for a safe environment conducive to learning.
- I authorize the Tacoma School District to secure emergency medical care as needed.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does your child have any known allergies?  YES  NO

If yes, specify allergen(s): \_\_\_\_\_

Reaction & Treatment: \_\_\_\_\_

2. Does your child have any food or dietary restrictions?  YES  NO

If yes, Explain: \_\_\_\_\_

3. Does your child have any life-threatening health concerns?  YES  NO

If yes, Specify: \_\_\_\_\_

4. Does your child have any medical conditions that require accommodation in order to participate in the trip?  YES  NO

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

5. Does your child require ANY prescription medication(s), supplements, and/or over-the-counter medication during the trip (*i.e. ibuprofen, inhaler*)?  YES  NO

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

If yes, complete the outlined steps below:

- a. Obtain a **Physician's Order for Medication at School** form from your child's health care provider.
  - ✦ Each medication requires a separate medication order form, including over the counter medication.
  - ✦ A physician's medication order is required for students to self-carry medication.
- b. Bring the completed **Physician's Order for Medication at School** form AND your child's medication to the school Health Room to be reviewed by the school nurse.
  - ✦ Medication(s) must be provided by the student's parent or guardian.
  - ✦ All medication must be unexpired and in a labeled, pharmacy container that matches the doctor order.
  - ✦ If your child already has medication at school, **check with the School Nurse to determine if the current school medication orders on file are adequate**. If so, your child's medications will be sent to on the overnight trip with a school staff member and administered as directed.

If the above steps are not completed, your child will not be eligible to receive medication on the trip. If the medication is related to a life-threatening condition, your child will be restricted from participating.

**Medication paperwork & Medication(s) due by** \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo / Video / Web Release Form**

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Dear Parent or Guardian,

On occasion, representatives from and/or employees of Tacoma Public Schools may wish to photograph, videotape or interview individuals in connection with school programs, projects or events. In order to release photographs, video footage and comments for publication on the web or broadcast on TPS TV, we need written permission. To give your consent, please complete and sign this form.

Parent/Guardian (print)	
Student/Child (print)	
Address	

(street) (city) (state) (zip)

I give permission for my child to be photographed, videotaped and/or interviewed by representatives from Tacoma Public Schools for educational or public relations purposes. I authorize the use and reproduction by Tacoma Public Schools of any and all photographs and/or video taken of my child, without compensation to me or my child. All photographs and recordings shall be the sole property of Tacoma Public Schools. I waive any right to inspect or approve the finished photographs, video recordings, audio, artwork or printed materials that may be used in conjunction with them.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Image Release

City of Tacoma

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Date

I, the undersigned, hereby grant permission to the City of Tacoma to reproduce or otherwise use photo or video images taken of me in City of Tacoma print or online publications, video productions, websites, social media sites, apps or other types of media.

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First Name and Last Name  
(Please Print)

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Signature

If the relevant image is of a minor, under age 18,  
parent or guardian must grant permission.

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First Name and Last Name of Parent or Guardian  
(Please Print | Write N/A if Not Applicable)

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Signature

April 2013