



Issaquah Fieldtrip Permission Form for the 2024-2025 School Year

My child is registered in: M, T Class _____ Th, F Class _____ Afternoon Class _____

Student's name _____

Street address _____

City _____ Zip code _____

Guardian 1 _____

Phone: Home _____ Mobile _____ Work _____

Guardian 2 _____

Phone: Home _____ Mobile _____ Work _____

Medical Information:

Physician name _____ Phone _____

Dentist name _____ Phone _____

Allergies and medical conditons _____

My child has medical insurance: Yes _____ No _____ Insurance provider _____

Emergency contact _____ Phone _____

Emergency Medical Consent

I hereby give my consent to any emergency medical, surgical, or dental treatment for my child deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible.

Parent/Guardian Signature _____ Date _____

I, _____, give The Farmhouse School permission to take my child, _____, on walking fieldtrips in the Issaquah community throughout the 2024-2025 school year during school hours. I understand that on some fieldtrips the Metro 200 Freebee bus may be used for transportation to and from the destination.

Parent/Guardian signature _____ Date _____