

NESPELEM ELEMENTARY SCHOOL FIELD TRIP PERMISSION FORM

Informed Consent Form-District Curricular/Co-curricular/Interscholastic Activities

Throughout the **2025-2026** your child will be invited to participate in several field trips. Many of these trips are educational in nature and expand our students experience beyond the classroom and are very valuable to the total learning process.

I am asking that parents sign this form giving their child permission to attend the year's field trips. You will receive timely information regarding each trip so that if you decide that you do not want your child to attend that you can call the principal's office and have them excluded. We will then provide an alternative experience at school or you may keep your child at home that day as an excused absence.

(Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in these activities. With this knowledge I expressly release and hold harmless the school district its employees, agents, or volunteers from any liability associated with any field trips and realize these activities provide a learning experiences for the students and allow them an opportunity to apply their classroom learning.)

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school district to secure emergency medical care as needed. Name of Preferred Doctor _____ Phone# _____

(I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent/guardian.)

Name of Insurance Carrier _____ Policy No. _____

Home Phone # _____ Work # _____ Emergency # _____

Being fully aware of the risks, I give permission for my **child** _____ to attend field trips throughout the **2025-2026** school year and I will be given advanced information about each trip.

Parent Signature _____ Date _____

Sincerely,
Effie Dean, Superintendent
Nespelem Elementary School

Nespelem School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) are designated to handle questions and complaints of alleged discrimination: Civil Rights and Title IX Coordinator: Business Manager, , [509-634-4541 ext 102](tel:509-634-4541), and 504 Coordinator: Counselor Desirae Beareagle, 509-634-4541 ,ext. 110 edean@nsdeagles.org. Address: PO Box 291, 229 School House Loop Road Nespelem, WA 99155