**FIELD TRIP INFORMATION**

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| --- | --- | --- | --- |
| **Date** | **Name** | **Location** | **Event Hours** |
| 7/17/19 | Amazon Understory | 2101 7th Ave,Seattle, WA 98121 | 8:30-11:30 am |
| 7/25/19 | Snoqualmie Falls & Hydroelectric Museum & Park | 37479 SE Fish Hatchery Rd, Fall City, WA 98024 | 8:15-11:50 am |
| 8/1/19 | Gene Coulon Park | 1201 Lake Washington Blvd. N, Renton, WA 98056 | 8:30-11:30 am |

Transportation Arrangements: School bus from McKnight Middle School

Purpose: Expose students to educational STEM activities and potential careers

Teacher in charge: Wendell Ellis

Lunch will be either (please **check mark** the one your child will be doing):

[ ]  Bag Lunch from home **OR** [ ]  School Lunch

**STUDENT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone **(where parent/guardians can be reached on day of trip)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical information**

Does your child currently have medications at school which need to accompany him/her on a field trip or have any other medical conditions which will require attention during the trip?

 [ ]  YES [ ]  NO  **If YES, please explain:**

[ ]  The school office has medication information file.

[ ]  I will provide the medication and provide a completed *Administration of Oral Medication* Form

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the School District to secure emergency medical care as needed.

**PARENTAL ACKNOWLEDGEMENT**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_