early learning department
come grow with us!

OESD 114
Serving the Kitsap & Olympic Peninsulas

Field Trip Notification and Parent/Guardian Consent

We will be going on a field trip or neighborhood walk to: _____
Location

This field trip or neighborhood walk will occur on: _____
Date/Time

We will leave at: _____ And will return at: _____

As the parent/guardian of _____, I acknowledge and understand there may be risks involved in the participation of this activity by my child and release/waive Olympic Educational Service District 114 (OESD 114) from any liability, loss, damage, claim, demand or cause of action against them. I give the OESD 114 permission to seek any necessary medical treatment for my child and assume responsibility for all medical payments. I understand that I may visit the site of the field trip to inspect the safety of the location. I have read this document and sign voluntarily for my child to participate in the field trip or neighborhood walk.

_____ _____ _____
Printed Name Signature Date

_____ I am interested in participating as a parent volunteer and will complete the necessary volunteer and background check processes at least 2 weeks prior to trip.