

PULLMAN SCHOOL DISTRICT #267
Lincoln Middle School

PARENTAL ASSUMPTION OF RESPONSIBILITY

For Students on School Trips Away From Home
To Be Completed by Parent and Student

I hereby grant the Pullman School District #267 permission to take my son/daughter,
_____ to the Washington State University Concert Band
Festival – March 11, 2016

Allergies or other health problems: _____

Medications: _____

Physician and Phone Number: _____

MEDICAL INSURANCE COMPANY: _____

My Home Phone Number: _____ Emergency Number: _____

COMMENTS:

I have reviewed the itinerary and rules (see *student handbook*) concerning this trip and I give permission for my son/daughter _____ to participate and I assume full responsibility for his /her conduct.

In the event of illness or accident, I authorize school designated personnel responsible for this trip to approve medical emergency care.

Further, I agree to indemnify and hold harmless the Pullman School District #267.

Date

Signature of Parent/Guardian

I pledge that my conduct will at all times reflect credit upon myself, my parents, and my school. I understand the rules of conduct will apply while on this trip.

Date

Signature of Student

My son/daughter will not be going on this trip.

Date

Signature of Parent/Guardian