



## FIELD TRIP PERMISSION FORM

\_\_\_\_\_ has my permission to participate in a field trip to

(student's name)

\_\_\_\_\_ on \_\_\_\_\_.

(location of field trip)

(date)

Please check and complete one of the following:

- 1.) \_\_\_\_\_ My child will transport him/herself.
- 2.) \_\_\_\_\_ I will transport my child and the following students:

\_\_\_\_\_  
(names of students other than your own that will ride with you)

- 3.) \_\_\_\_\_ My child will go with: \_\_\_\_\_  
name of adult/student driver

### Waiver of Claims and Medical Authorization

Should it be necessary for my child(ren)/me to have medical treatment while participating on this field trip, I hereby give Washington Japanese Heritage Center - Keisho Center (hereafter "WJHC") personnel permission to use their judgment in obtaining medical services and I give permission to the physician selected by WJHC personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that WJHC has no insurance covering such medical or hospital costs incurred, and, therefore, any costs incurred for such treatment shall be my sole responsibility.

All persons participating on this field trip are deemed to have waived all claims against WJHC and its employees and Board of Directors for injury, accident, illness, or death occurring or by reason of this field trip.

I have read and understand the above statement and agree to assume the responsibility stated and waive all claims.

\_\_\_\_\_  
Signature of parent/guardian/adult student

\_\_\_\_\_  
Date