

Parent/Guardian Field Trip Consent Form

Inspiring Excellence



LAKE STEVENS
School District

The section at the bottom of this form must be signed and returned to school before your child will be permitted to take part in the trip.

OFFICE USE

Dear Parent(s): _____ is planning a trip to: _____
Class / Group / Teacher Name Destination

Date of Departure: _____ Time: _____ Place of Departure: _____

Date of Return: _____ Time: _____ Place of Return: _____

Means of Transportation: _____ Food Cost: _____ Other Cost: _____

Total Cost of the trip will be: _____ Other Information: _____

To ensure that your child will derive the greatest benefit from the trip, suitable and comfortable shoes and clothing should be worn. If there is an undue delay in returning home the advisor will notify the school.

School Phone

Signature of Teacher / Advisor

Parent/Guardian: Please sign and return lower portion of this form.

Revised 10.09.19

I give my permission for _____ to participate in the above described field trip on _____
Student Name Date

under conditions stated in this notice. I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of an emergency; however, in the event of sickness or accident, I will not hold the Lake Stevens school District No. 4 or the field trip leaders responsible. In case of sickness or accident, I authorize the providing of necessary medical services at my expense.

My child has NO Health Concern / Medication /
Emergency Care Plan. *Skip to signature line below.*

OR

My child has a Health Concern / Medication /
Emergency Care Plan. *Please fill in box below.*

Students with a Health Concern / Medication / Emergency Care Plan

Student's health concern is (include non-medicated health concerns): _____

Student's typical reaction: _____

I request that the field trip coordinator use the
medications prescribed currently stored in the school
health room. All medication and health care forms are to
be returned to the health room upon return to school.

OR

I will bring the medication to school in the original
pharmacy container labeled with my child's name,
medication, dosage and directions to the school nurse
at least 72 hours prior to the field trip.

I authorize the school personnel to assist with the medications for my child as ordered by the physician. I understand that trained, non-medical school personnel may assist with this medication.

You may order your student a sack lunch. See order form enclosed.

Signature of Parent or Legal Guardian

Date

Phone #1

Phone #2

If a parent cannot be reached, person to call in an emergency

Relationship

Phone

Field Trip Sack Lunch Order Form

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School District

OFFICE USE

Today's Date: _____

Field Trip Date: _____ Teacher: _____

Field Trip Location: _____ Homeroom: _____

Please return this order form with your student ONLY if you want to pre-order a sack lunch from the school. Otherwise disregard.

Dear Parent/Guardian,

All students need to have a disposable sack lunch for field trips. Students may order a sack lunch from school or you may send your child with a sack lunch from home. If you would like a sack lunch from the school kitchen, please complete this order form and return it to your child's teacher with their "Parent/Guardian Field Trip Consent Form."

1. Student Information

Student Name: _____ Student ID# (optional): _____

2. Sack Lunch

Food Service Sack Lunch contains:* Sunbutter and Jelly Sandwich, 8 oz Milk, Fruit, Baby Carrots, Goldfish Crackers

**Menu subject to change based on product availability.*

3. Food Allergies and/or Restrictions

Does your child have a life-threatening food allergy or food that is restricted?

Reasonable accommodations will be made based on medical documentation that is on file with your School Nurse and Food & Nutrition Services.

Yes. My child is severely allergic to: _____

Yes. My child has a food restriction to: _____

No. My child does not have any food allergies and/or restrictions.

4. Pricing

The price of this lunch is the same as when your child eats at school.

Paid Lunch	Price
Elementary	\$3.00
Middle	\$3.25
CAV / LSHS	\$3.25

Reduced & Free	Price
Reduced K-3	\$0.00
Reduced 4-12	\$0.40
Free	\$0.00

By filling out this form your student will be charged for this sack lunch on the day of the field trip. In the event your student brings a sack lunch from home, the sack will still be provided to him/her.

5. Payment Options

Cash or **Check** payable to "Food Services"

- Please note that any fee associated with the field trip must be written on a **separate check** because they are deposited into 2 separate district accounts. Food Services can only accept a check intended for our department.

Online deposits may be made at <https://www.mymealtime.com>.

- Please call the Food & Nutrition Services at (425) 335-1561 or email foodservices@lkstevens.wednet.edu if you need to know your child's student ID number. The numbers are 6 digits, with a leading "0".