**INFORMED CONSENT FORM:**

**2023-2024 FIELD TRIPS**

**LINKS Alternative Learning**

**VASHON ISLAND SCHOOL DISTRICT**

**Student Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my consent and authorization to participate in the following activity:

Activity: StudentLink Science Lab Field Trips for the 2023-2024 School Year

Location(s): Lisabuella, Winghaven, Island Center Forest, Frog Holler, Judd Creek, Shinglemill, Heron Meadow, Dockton Park, Maury Marine Reserve, Fischer Pond, and Point Robinson

Date of Activity: 2nd and 4th Fridays Drop Off Time: 1pm Pick Up Time: 2:30pm

**Students must purchase accident insurance or have family accident insurance to participate.**

Type of transportation: X   District vehicle   X Walking   ◻ Commercial transportation ◻ Private vehicle\*

\*If a private vehicle is used, the driver must be an adult and is responsible for carrying valid liability insurance and maintaining the vehicle in safe working condition, including operational seatbelts for each passenger. Students may not drive themselves or other students.

**Informed Consent**

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

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. When a fee has been requested and payment of such fee creates a financial hardship, please contact the building principal to request a waiver.

Although I understand that the school district will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury, death, or other consequences arising or resulting from the activity.    Being fully informed as to these risks and in consideration of the privilege of participating in the above described activity, I hereby assume all risk of injury or liability and waive any right of recovery from or bring suit against the School District for any personal injury, death or other consequences arising out of participation in the activity, except for the sole negligence of the School District.

**Being fully informed as to these risks, I ◻ consent/◻ do not consent to my child participating in the activity.**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_