

Policy and/or Procedure Reference No.

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Policy No. 3340

Effective Date:

Procedure No. 3340.1

November 16, 2010

Bellevue Public Schools
Bellevue, Washington

PARENT PERMISSION FOR PARTICIPATION IN EXTENDED FIELD TRIP ACTIVITY

I hereby give permission for

_____ (Name of Student)
to participate in an extended field trip to St. Louis, Mo (Destination)
on 4/27 - 5/1 for the purpose of Robotics Competition (Date)

Students participating in this activity will be transported by Air.

If travel by private car is involved, your student will ride with _____

_____ (Name of Driver)
_____, who will be driving. It should be noted that the driver is responsible
(Telephone Number)

for the first \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or
\$300,000 combined single limit on his/her personal vehicle. In the event of an emergency
(injury, illness) we wish the following person to be notified in case the parent cannot be
contacted:

_____ (Name of Person) _____ (Telephone Number)

[Insert for international trips:
I acknowledge that

_____ and Bellevue School
(Name of Teacher)

District supervisors assigned to this trip are travelling out of the country with my child. They
have my permission to do so.]

If an emergency situation involving illness and/or injury should arise, the Bellevue district staff
member in charge has my permission to seek the aid of a licensed medical doctor or to take the
following action for emergency care:

In the event it becomes necessary for the Bellevue district staff in charge to obtain emergency
care for your student, neither s/he nor the Bellevue School District assumes financial liability for
expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

An itinerary for the trip (detailing dates, place of lodging, events, etc.) is attached for your
information. See Added sheet

[Insert as applicable: The proposed trip is to a country which has a current travel alert in effect.]

(over)

BELLEVUE SCHOOL DISTRICT NO. 405

Exhibit No. 3340.1.B

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In the event that unforeseen circumstances arise creating a need for you to contact your student or for information to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. Your contact person is:

_____ (Name of Person) _____ (Telephone Number)

Student's date of birth _____

Address _____ Telephone No. _____

(Signature of Parent)

(Signature of Notary)