



Satsop School District
Post Office Box 96
853 Monte-Elma Road
Satsop, WA 98583
(360) 482-5330
Fax: (360) 482-5724

I hereby give my permission for _____
(Name of student)

to participate in a field trip to _____
(Destination)

on _____ for the purpose of _____

I am aware that _____ whose telephone number
(Parent, staff, or adult name)

is _____ will be driving and furnishing supervision. Since private transportation
will be used, the school district's vehicle liability insurance will be secondary to that maintained
for the non-district owned vehicle.

In case of serious accident or illness, I request the school to contact me. If the school is unable to
reach me, I hereby authorize the school to take whatever action is necessary to sustain my
child's health and welfare. I understand that I will assume full responsibility for the payment of
any services rendered.

Signature of Parent or Guardian

Date