

SEATTLE PUBLIC SCHOOLS INFORMED CONSENT / PERMISSION TO PARTICIPATE

As parent or guardian of a student requesting to voluntarily participate in the **NWCSTA Programming Competition at University of Washington**. Students are required to provide their own transportation to and from this event.

I hereby acknowledge that I have read, understood and agreed to the following:

1. I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I have a full understanding of the risks associated with this activity and voluntarily choose to encounter that risk and permit my child to participate. I have been made aware of the field trip itinerary and understand that the Seattle School District will make reasonable efforts to provide a safe environment. The risks include, among other things: hitting stationary objects or vehicle accident while transporting to and from the trip, and such. **Parent/Guardian Initial**) _____
2. I certify that I have medical insurance to cover any injury that may be sustained by my child and/or have purchased student accident insurance for my child. I agree to bear the costs of any/all medical bills and any/all damages that may be caused by my child during this trip. **(Parent/Guardian Initial)** _____
3. I further certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. **(Parent/Guardian Initial)** _____
4. I understand that transportation to and from the Programming Competition at UW are to be the responsibility of students and their parents/guardians themselves. **(Parent/Guardian Initial)** _____

As parent/guardian, I hereby give my permission for (Name) _____, who attends **Garfield High School** students to participate in **NWCSTA Programming Competition on 12/10/2011 at the University of Washington**.

Student's address: _____ City _____

Student's home phone #: () _____ Date of birth: ____/____/____

Family Physician: _____ Phone #: () _____

Medical conditions, (including **all** allergies), and medication information the District should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone #: () _____

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, I agree that neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, or illness. **I allow my child to participate in the above activity and agree to assume the risk for/to my child that accompanies this activity.**

Signature of parent/guardian Date (____) _____ (____) _____
Work phone Home phone

School Administrator (signature): _____