

STEM Exploration Night Shuttle Guidelines and Permission Slip

- Parking at Federal Way High School is limited; please use the bus shuttles if you can.

- Scholars are welcome to ride the shuttle with a parent or guardian, no permission slip required.

- High School scholars may ride the shuttle without a parent or guardian if they have this permission slip signed by a parent or guardian.
 - Scholars will turn in their permission slip when they get on the bus. They will be given a card with the bus route name and the time that the last shuttle leaves Federal Way High School.
 - There will be many District personnel and other adults at the event, but individual supervision is not provided. Scholars will be responsible for their participation in the event, and for returning to their shuttle at the appropriate time.
 - Scholars will turn in their card when they get back on the bus. We will be tracking to ensure that all scholars who rode to the event ride back on the same bus.

Permission Slip:

I _____ understand that while District personnel will be present at the
(Parent/Guardian Name)
event, individual supervision is not provided at STEM Exploration Night and that my scholar is responsible for
1) riding the same bus on the return to her/his pick-up location and 2) returning to the bus on time. By signing
this, I agree that I understand these conditions and rules and have discussed them with my scholar who is able
to abide by them.

Scholar Name

Scholar Phone Number

Parent/Guardian Signature

Parent/Guardian Phone Number

Please complete and sign the Medical Information and Medical Release on the back of this form

FIELD TRIP PERMISSION FORM
FEDERAL WAY PUBLIC SCHOOLS

GENERAL INFORMATION:

DATE _____

The _____

is planning a trip to: _____

The purpose of this trip is _____

Place _____

Address _____ Phone _____

Place of Lodging _____

We will leave from _____ about _____
(Place) (Time)

on _____, transportation will be by

Charter Bus _____ School Bus _____ School Van _____ Private Auto* _____ Other _____

under the supervision of _____ and _____

We will return to the school on _____, at about _____
(Day) (Date) (Time)

During the trip, local emergency contact may be made through the school principal during school hours. After 4 pm School Security Dispatch (253-927-3635) may be contacted.

TOTAL STUDENT COST FOR TRIP \$ _____ Sack lunch needed? _____
Yes No

THIS IS A _____ REFUNDABLE/ _____ NON-REFUNDABLE ACTIVITY

Code of conduct: I understand that all school and District policies are in effect on all trips, and that students in violation of school policies may be sent home at their own expense.

MEDICAL INFORMATION: (PLEASE DETACH) **Destination** _____

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergy, hemophilia, diabetes, heart disease, etc.) _____

The following medications / prescriptions or special diets are needed: _____

_____ Emergency No. _____

MEDICAL RELEASE:

Authorization is hereby granted to secure proper medical attention and/or hospitalization of _____
_____ in the event of a medical emergency. The parent or guardian shall be contacted prior to such action, and if this is not possible, will be notified as soon as possible.

Name of Family Doctor _____ Phone _____

SIGNATURES:

I have read and agree to comply with all of the above while on the trip.

STUDENT _____ PARENT _____

ADDRESS _____ TELEPHONE NO _____

TEACHER / ADVISOR _____

*If traveling by private auto note that the driver's automobile insurance may be deemed primary after legal review.

PLEASE SIGN AND RETURN TO THE BUS DRIVER.