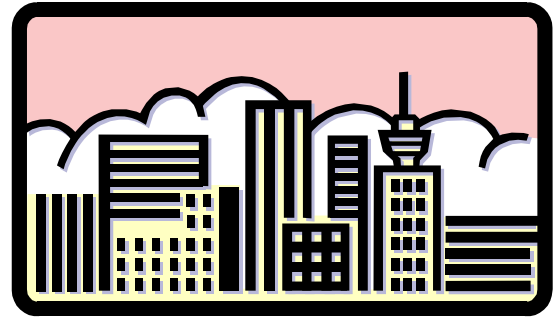


Shorecrest High School

15343 25th Ave NE, Shoreline, WA 98155
Phone: (206) 393-4286 FAX: (206) 393-4284



Medical Treatment Authorization & Release - Extended Field Trips

Student's Name (please print) _____

Trip Destination _____ Date(s) _____

Field Trip Advisor(s) : _____

Grade _____

I hereby release and hold harmless the Shoreline School District, Shorecrest High School, any contracted travel agency, and all their employees and designees from responsibility for any injuries or damages the above-named student may suffer as a result of his/her participation in the above-referenced trip.

I also certify that said student is in good physical health and is able to safely undertake and complete said trip. I give permission to Shorecrest High School employees and designees to authorize emergency medical or dental treatment or hospitalization, if necessary, for the duration of the trip. I hereby certify that all information provided to Shorecrest High School relating to said trip is true and complete.

Student's Signature

Date

Note: Parent(s)/guardian(s) must sign even if the student is 18 years old or older.

Parent/Guardian's signature

Date

Parent/Guardian's signature

Date