

PULLMAN SCHOOL DISTRICT #267  
Lincoln Middle School

**PARENTAL ASSUMPTION OF RESPONSIBILITY**

For Students on School Trips Away From Home  
To Be Completed by Parent and Student

I hereby grant the Pullman School District #267 permission to take my son/daughter,  
\_\_\_\_\_ to the Washington State University Jazz Festival,  
WSU Campus – November 1, 2017.

Allergies or other health problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician and Phone Number: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

My Home Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

COMMENTS:

I have reviewed the itinerary and rules (see *student handbook*) concerning this trip and I give permission for my son/daughter \_\_\_\_\_ to participate and I assume full responsibility for his /her conduct.

In the event of illness or accident, I authorize school designated personnel responsible for this trip to approve medical emergency care.

Further, I agree to indemnify and hold harmless the Pullman School District #267.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

I pledge that my conduct will at all times reflect credit upon myself, my parents, and my school. I understand the rules of conduct will apply while on this trip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
My son/daughter will not be going on this trip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian