



Annual - Field Trip General Acknowledgment & Medical Authorization

2026-2027

Student Name:

Grade:

Parent/Guardian Acknowledgment

I understand that my child may have opportunities to participate in school-sponsored field trips, activities, and events throughout the school year. By signing this form, I acknowledge the general expectations and information below that apply to these activities. *Families will receive details about each field trip in advance, including the date, destination, planned activities, and transportation arrangements. A separate parent/guardian authorization will be required before a student participates in an individual field trip.*

Transportation

- ☐ Transportation arrangements will be shared with families before each field trip. Depending on the activity, transportation may be provided or arranged by the school, by approved drivers, or by the parent/guardian. Any additional transportation permission needed for a specific trip will be included with the trip information.

Supervision

- ☐ School employees and approved volunteers will provide appropriate supervision during school-sponsored field trips and activities. Parents/guardians who attend a field trip are generally responsible for supervising their own child unless the school communicates otherwise.

Student Expectations

- ☐ To help make field trips safe and enjoyable for everyone, students are expected to follow school rules, staff directions, safety guidelines, and any rules of the location being visited. If a student is unable to follow these expectations, the school may need to limit or end the student's participation in the activity and may address the situation according to school policies.

Medical Authorization

- ☐ If my child experiences an accident or medical emergency during a school-sponsored field trip or activity and I cannot be reached right away, I authorize school personnel to obtain appropriate emergency medical care for my child. The school will make every reasonable effort to contact me as soon as possible. I understand that I am responsible for any medical expenses that may result.
- ☐ I also agree to keep the school informed of any changes to my child's medical conditions, allergies, medications, emergency contacts, or other information that may be important for my child's safe participation in school activities.

Acknowledgment of Risk and Responsibility

- ☐ I understand that school-sponsored field trips and off-campus activities may involve ordinary risks associated with transportation, walking, physical activity, weather, equipment, and unfamiliar locations. The school will take reasonable steps to support student safety and will provide families with information about significant or unusual risks associated with individual activities.
- ☒ I acknowledge these ordinary risks when giving permission for my child to participate in individual field trips. To the extent permitted by law, Enlightium Preparatory Academy and its employees, volunteers, and representatives will not be responsible for circumstances outside the school's reasonable control. Nothing in this form is intended to waive rights that cannot legally be waived under Washington law.

Emergency & Medical Information

EM Contact Name/Relationship:	Phone:
Medical Concerns/Allergies (student):	

Parent/guardian agrees to promptly update the school if any information above changes during the school year.

Acknowledgment and Signature

I certify that I have read and understand this Annual Field Trip General Acknowledgment & Medical Authorization. I understand that this form applies throughout the school year identified above and that separate parent/guardian authorization will be required for individual field trips.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone: _____