

West Valley School District #363  
2805 North Argonne Rd.  
Spokane, WA 99212

**PERMISSION TO PARTICIPATE IN CBE SUMMER SCHOOL FIELD TRIPS**

Your child is registered for the Contract Based High School "Out and About in Spokane" summer school class which will meet on **June 16, 17, 18, 19 and 23, 24, 25, 26 from 9:00 am to 3:00 pm.**

I hereby request that you permit \_\_\_\_\_ to participate in the required class activities and outdoor adventure trips.

*As parent and/or guardian of the above-named child, I promise to hold West Valley School District harmless from any liabilities it may incur from the above minor in connection with the excursions except as might arise because of negligence on the part of West Valley School District or its employees.*

Please complete the following current emergency information for your child.

Mother/Guradian: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Health Care Provider: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work: \_\_\_\_\_ Cell \_\_\_\_\_

1. My child has a **life threatening illness** (usually severe reaction to bee stings, other severe allergies, asthma, diabetes, hemophilia, heart conditions, or other conditions requiring immediate medical attention.)

\_\_\_\_\_ YES \_\_\_\_\_ NO Please indicate your child's life threatening illness.

2. My child will require medication during any of the class field trips. \_\_\_\_\_ YES \_\_\_\_\_ NO

**THIS INCLUDES OVER THE COUNTER MEDICATIONS**

Please list the medications your child will require.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child requires medication during this field trip a **Medication Order Form** needs to be completed and signed by your physician.

\_\_\_\_\_  
Signature Parent and/or Guardian Date: \_\_\_\_\_

**“Out and About in Spokane”**

**Summer School Registration Form**

**9 AM - 3 PM on June 16, 17, 18, 19, and 23, 24, 25, 26**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Resident school district:**

**West Valley** \_\_\_\_\_ **Central Valley** \_\_\_\_\_ **East Valley** \_\_\_\_\_

**Freeman** \_\_\_\_\_ **Spokane Dist. 81** \_\_\_\_\_ **Mead** \_\_\_\_\_

**Out of District Student Course registration Fee: \$175.00**

*West Valley/CBE students – no fee*

**Mail payment, registration and medical/permission trip (*be sure to fill out both sides of this form*) to:**

**Contract Based Education**

**S. 123 Bowdish**

**Spokane Valley WA 99212**

***Registration will end June 13, 2008***

***Any questions regarding registration, please contact Karen Woods, 927-1100***