Lake Washington School District # 414

PARENT/GUARDIAN SCHOOL SAFETY PATROL

PERMISSION/INFORMED CONSENT FORM

I hereby give my permission for _____, who attends

(Name of Student)

Emily Dickinson Elementary to be a member of the School Safety Patrol for the 2026-2027 school year.

As the parent/guardian of the above-named child, I acknowledge that being a School Safety Patrol member entails known and unanticipated risks. Students are stationed in close proximity to vehicular traffic, and there is always a chance of physical or emotional injury. A School Safety Patrol member is also exposed to standing, walking and being outdoors in the sun and inclement weather.

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. I certify that my child has no medical or physical conditions that could interfere with his/her safety while serving as a member of the School Safety Patrol.

In the event it becomes necessary for the Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor the Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student Address:

_____

Student home Phone: Student Date of Birth:

_____

In the event of an emergency (injury, illness) the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____phone #_____

I have read the information and understand that the school district will make every reasonable effort to provide proper training and supervision for my child in his/her service as a member of the School Safety Patrol. I am fully aware of any special dangers and risks inherent in participating in this activity, including physical injury and other consequences arising from these activities.

NAME OF PARENT/GUARDIAN _____**SIGNATURE** _____

DATE _____ DAYTIME TELEPHONE _____CELL #_____

EMAIL _____ (Please print neatly)

PATROL COORDINATORS: Karen Baker and Michele Teske

PRINCIPAL: Amy Lee