



## PARENT PERMISSION SLIP FOR FIELD TRIP

Name of Student: *(Please Print)* \_\_\_\_\_

Name of Parent/Guardian: *(Please Print)* \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent or guardian of the above named student, give my permission for my child to participate in the field trip described as follows:

Date of trip: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Destination and activities: \_\_\_\_\_

### Medical Information and Release

The following special health problems concerning my child should be noted – if none, please check “none”;

- Heart condition     Allergy (specify below whether food, bee sting, etc.)     Asthma  
 Hemophilia     Diabetes     Other     None

Describe condition noted above with particularity, including any medications or other instructions:

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

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

Child's physician: \_\_\_\_\_ Physician's phone number \_\_\_\_\_

Parent/Guardian contact numbers: (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cellular): \_\_\_\_\_

Alternative emergency contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I understand the School District does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.

I have read the information, verifying its accuracy, and agree to the statements made above:

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

\_\_\_\_\_  
Date