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