

FIELD TRIP PARENT PERMISSION

Student _____ School _____ Grade _____

Trip Destination _____ Date(s) _____ Time(s) _____

Teacher(s) _____

Mode of Transportation: Walking Bus Other _____

Completed Form & Fees are due back: / / Amount _____(enclosed)

Bring a sack lunch in a disposable container. _____ Yes _____ No

PARENT INFORMATION

In order to assure that we have the most current information on your child, complete the following:

Parent/Guardian : _____ (h) Phone: _____ (w) Phone: _____ (c) Phone: _____

Emergency

Contact: _____ (h) Phone: _____ (w) Phone: _____ c) Phone: _____

HEALTH INFORMATION

ALLERGIES

Does your child have any allergies? _____ Yes _____ No

If yes, List: _____

Please explain symptoms/treatment needed: _____

Does your child require an Epi-pen? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

ASTHMA

Does your child ever experience symptoms of asthma? _____ Yes _____ No

If yes, explain usual symptoms and any treatment needed: _____

Does your child require use of an inhaler? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

MEDICATION

Does your child require prescribed medication (daily or PRN)? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

HEALTH CONCERNS/PHYSICAL IMPAIRMENTS

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child on this trip.

Is there an emergency or health care plan arranged for your child at school? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

I give permission for my child to attend this field trip. I give school personnel permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

TEACHERS: Please take the completed forms along on field trip & return to office following trip.