

Parent/Guardian Instructional Field Trip Permission Form



Name of Student *(Please Print)*

Name of Parent/Guardian *(Please Print)*

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

Date of trip: _____

Destination and activities: _____

Medical Information and Release

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

_____ Heart condition

_____ Allergy (specify below whether food, bee sting, etc.)

_____ Hemophilia

_____ Asthma

_____ 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.

My child's physician is: _____, at _____
Physician's phone number

My phone numbers are: _____
home work cellular

Alternative emergency contact: _____
name phone

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

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

X _____
Parent/Guardian Signature

Date Signed

Signed Original: To be filed with principal/designee prior to departure of trip(s)
Copy: Teacher/Coach/Advisor