

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

Activities for the day will be hands-on, supervised and led by construction professionals. All students will be given eye protection, ear protection, hard hats and appropriate safety clothing necessary for each station.

Activities include: welding, operating heavy equipment, bending conduit, chop saw, soldiering, painting, and nail gun demonstrations and much more.

Given the nature of these activities it is critical that your daughter wears appropriate clothing to participate. Appropriate clothing includes long pants or jeans, t-shirts/long sleeve shirt or jacket (weather dependent) and closed-toed shoes!

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