

**PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Please return this form by: \_\_\_\_\_

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from school. The school will not be held responsible for any accidents while on this trip. A brief description of the activity follows:

**Destination:** \_\_\_\_\_ **Designated Supervisor:** \_\_\_\_\_

**Date and Time:** \_\_\_\_\_ **Method of Transportation:** \_\_\_\_\_

**Student Cost:** \_\_\_\_\_ **Parent's Emergency Number:** \_\_\_\_\_

\_\_\_\_\_ has my permission to attend this field trip.

**Student Name**

\_\_\_\_\_ has my permission to drive to the field trip and to transport \_\_\_ other students.

**Signature of parent/guardian** \_\_\_\_\_

\*\*\*\*\*

As parent/guardian of \_\_\_\_\_ I/we give consent for the school to contact a physician or hospital of its choice for such medical care as is reasonably necessary for the welfare of the student. I/We understand that when possible the school personnel will contact the doctor and the hospital listed below.

**IN CASE OF EMERGENCY OR ILLNESS, PLEASE ATTEMPT TO CONTACT:** (PLEASE PRINT)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Allergies to Medications:** \_\_\_\_\_

Any previous injuries, disabilities, impairments, diseases or other factors which should be known when treating your child/ward:

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

**Signatures of Parents/Guardians:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_