

**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 \_\_\_\_\_

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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 Mediations: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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