Student's School: _____

Field Trip Permission Form

Student_____ _____ _____
Last name *First name* *Middle initial*

School _____ Grade___ Homeroom teacher _____

Parent/guardian name_____
Address_____
Home phone ( )_____ Work phone ( )_____ Cell phone ( )_____

Medical issues that shall be brought to the attention of the field trip supervisor(s) shall be specific about medications, allergies, chronic conditions, etc.
_____
_____
_____

Does this child take medication in school? No _____ Yes_____
If yes, you shall call the school nurse at _____. Specific arrangements shall be made in advance for medication to be given on a field trip.

Health insurance provider_____ Policy number _____
Preferred local hospital_____ Doctor_____

In case of emergency, if parents are unavailable the following people may act in place of parents:

Name _____ Address_____ City/Town _____ Home phone ( )_____ Work phone ( )_____ Cell phone ( )_____	Name _____ Address_____ City/Town _____ Home phone ( )_____ Work phone ( )_____ Cell phone ( )_____

I hereby give permission for my child to be transported, and to take part in all activities on the field trip to _____ on_____.
Place ***Date***

I also give permission to school personnel to transport my child to a medical facility if necessary, and to secure emergency medical treatment for my child if necessary.

Other: _____
_____
_____

_____ _____
Parent's / Guardian's signature ***Date***

E6 FIELD TRIP PERMISSION FORM