

# THIS FIELD TRIP PERMISSION FORM

\_\_\_\_\_ has permission to attend a field trip  
to \_\_\_\_\_ on \_\_\_\_\_.

We will leave at \_\_\_\_\_ and return at \_\_\_\_\_.

**THIS FORM MUST BE RETURNED BY \_\_\_\_\_ OR YOUR CHILD MAY NOT PARTICIPATE.**

Method of transportation:

Walk \_\_\_\_\_

Car \_\_\_\_\_

Bus \_\_\_\_\_

Please Bring:

Lunch \_\_\_\_\_

Special Clothing \_\_\_\_\_

Other \_\_\_\_\_

Does your child have allergies and/or a medical condition that we should be aware of? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Will your child need to take medication on this trip? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

NOTE: A STUDENT WHO NEEDS TO TAKE MEDICATION ON A FIELD TRIP, PRESCRIPTION OR NON-PRESCRIPTION, MUST HAVE A SIGNED AUTHORIZATION FORM FROM THE PHYSICIAN AND PARENT/GUARDIAN. THIS FORM MAY BE OBTAINED FROM THE SCHOOL NURSE.

## MEDICAL RELEASE IN CASE OF EMERGENCY:

In the event of illness or accident in the course of the above activity, I request that measures be instituted without delay as judgment of medical personnel dictates. I will furthermore as parent or guardian be contacted.

Name: \_\_\_\_\_

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

A second person to be contacted if I cannot be reached:

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

PLEASE NOTE: NO CHILD WILL BE ALLOWED TO TAKE ANY MEDICATION WHATSOEVER WITHOUT PROPER FORMS.

The Board of Education Reserves the right to cancel field trips if conditions warrant and is not responsible for covering any loss of funds to participants should a cancellation be warranted. (Board of Ed Policy 6089) Revised. 4/03