

**FIELD TRIP PARENT PERMISSION**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Trip Destination: \_\_\_\_\_ Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Mode of Transportation:       Walking     Bus     Other \_\_\_\_\_

**Completed Form & Fees are due back:**    /    /    Amount \_\_\_\_\_ (enclosed)

Bring a sack lunch in a disposable container.                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**PARENT INFORMATION**

In order to assure that we have the most current information on your child, please complete the following:

Parent/Guardian: \_\_\_\_\_ (h)Phone: \_\_\_\_\_ (w)Phone: \_\_\_\_\_ (c)Phone: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ (h)Phone: \_\_\_\_\_ (w)Phone: \_\_\_\_\_ (c)Phone: \_\_\_\_\_

**HEALTH & SAFETY INFORMATION**

**ALLERGIES**

Does your child have any allergies?    \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, List: \_\_\_\_\_

Please explain symptoms/treatment needed: \_\_\_\_\_

Does your child require an Epi-pen?    \_\_\_\_\_ Yes      \_\_\_\_\_ No

**ASTHMA**

Does your child ever experience symptoms of asthma?                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, explain usual symptoms and any treatment needed: \_\_\_\_\_

Does your child require use of an inhaler?    \_\_\_\_\_ Yes      \_\_\_\_\_ No

**MEDICATION**

Does your child require prescribed medication at school and have a medication form on file for the current school year?                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**HEALTH CONCERNS/PHYSICAL IMPAIRMENTS**

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child on this trip:

\_\_\_\_\_

**HEALTH CARE PLANS**

Does your child have a health care plan written/developed by the school nurse?    \_\_\_\_\_ Yes      \_\_\_\_\_ No

I give permission for my child to attend this field trip. I give school personnel permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

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

\_\_\_\_\_  
Date

**TEACHERS: Field trip forms need to be reviewed by school nurse prior to field trip. Please take completed forms along on field trip & return to office following trip.**