## Adlai E. Stevenson High School Student Activities Field Trip Permission Form

Name:	ID#:	Da	ate:
Date of Trip:	Departure Time:	Return Time:	
Type of Trip: In School	_ Out of School Per	iods Missed:	
Field Trip Coordinator:		Contact Phone #: _	
Nature of Field Trip (please des	cribe):		
Parents: Your son/daughter will be parents	articipating in a Field Trip to: (City)		(State)
	Place to be visited:		
and will be traveling by:			
School Mini Bus	School Bus	Charter Bus	Airplane
Car driven by Adult (N	ot recommended)	Train	
	illness occurs to the student lis nel, every attempt will be made vailable and it is felt that emerg udent to be transferred and tre	MPORTANT T APPLY TO IN-SCHOOL sted below while the student i the to notify the parent or guardi gency treatment is indicated, the eated in a timely fashion. The	s under the supervision of an immediately. However, e signatures below by the
Student's Name		ardian Signature	Date
Parent Phone Number:			
Please supply the following infor	mation, if applicable:		
Medical conditions:			
Medications:			
Name and Phone Number of per	son to contact if parent cannot		

\*\*\*\*\*\*COMPLETE OTHER SIDE IF YOU ARE MISSING ANY OF YOUR CLASSES\*\*\*\*\*

## Please have your teachers sign:

This student will be missing the following classes. Your signature indicates that this student talked to you about the work they are missing. If you feel this student should <u>not</u> miss your class, arrangements can be made for him/her to attend.

Class	Comments	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8		

\_ Not Applicable for this Field Trip \_

(Field Trip Coordinator's Signature)

## Request to Transport Students by Personal Vehicle

## **Guidelines:**

- 1. Please be advised that when faculty/staff are transporting students in their personal vehicles their individual automobile insurance policy is the primary source of insurance coverage.
- 2. Parent permission slip must be completed and on file with the Director before such a trip commences.
- 3. Faculty/staff are discouraged from transporting students in their personal vehicles. Every effort should be made to transport students in District vehicles or by the designated school bus company.

Name of Group:	
Destination:	
Faculty/Staff Driver will be: _	
Make and Year of Vehicle: _	
License #:	
Faculty/Staff Signature:	
Director's Signature:	