

FIELD TRIP PERMISSION FORM

Please legibly print or type all information:

Student Information:

Student Name: _____

Student ID#: _____

Student Grade: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Phone Number: _____

Parent/Legal Guardian email Address: _____

Food/Dietary Restrictions: _____

Authorization to provide over-the-counter pain medication: _____ Yes _____ No

Authorization to apply sunscreen on Student: _____ Yes _____ No

Field Trip Information:

Field Trip date(s): _____

Field Trip - Name/Description: _____

Description of Field Trip Activities: _____

Field Trip Location: _____

Method of Transportation to and from Field Trip and Events: _____

Name of Teacher or Supervisor in Charge: _____

Cost: \$ _____



If applicable, please send Cost to school noted immediately above no later than: _____.

Describe any limitations (medical or otherwise) on Student's participation in the Field Trip Programs: _____

Describe any other information you wish us to know about Student: _____

Other instructions: _____

Medical Conditions:

I represent that the Student is in adequate health and fitness condition to attend and participate in the Field Trip event described herein, and I acknowledge that I am fully responsible for the health and welfare of the Student. The following reasonable accommodations are requested:

Emergency Medical Treatment:

In the event emergency or serious medical treatment is needed, the undersigned hereby gives permission to transport the Student to a suitable nearby hospital or other treatment facility and to administer the appropriate treatment. I understand that I shall be solely responsible for the cost of any such treatment. I further understand that in such event, I will be contacted immediately, and if I am not reachable, the Emergency Contacts listed below will be contacted.

Student's medical insurance information:

Plan Name: _____

Policy Number: _____

Group Number: _____

Insurance Phone Number: _____



Name of Named Insured: _____

Emergency Contact Information:

Name: _____

Relationship to Student: _____

Phone Number: _____

Name: _____

Relationship to Student: _____

Phone Number: _____

The undersigned, parent, or legal guardian of the Student identified above hereby authorizes and gives permission for the Student to attend the Field Trip identified above. The undersigned understands that the Student's participation in this Field Trip is voluntary. The undersigned hereby releases and holds harmless the school district, school, organizer of the Field trip, and their respective agents, representatives, successors and assigns, from any and all liability, cost, claim, damage, and expense, including reasonable attorney's fees, whether foreseen or unforeseen, including any injury and cost of medical or dental treatment.

IN WITNESS WHEREOF, the undersigned executes this Field Trip Permission Form as of the date indicated below.

Printed Name: _____

Signature: _____

Date: _____

