

SCHOOL-RELATED STUDENT TRIP PERMISSION SLIP AND MEDICAL RELEASE FORM

Student Name _____			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
School _____	Grade _____	Homeroom/Classroom _____	
All School-related Trips for the _____ school year; OR			
Field Trip Date(s) _____		Destination _____	
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

PLEASE FILL OUT, SIGN AND RETURN TO YOUR CHILD'S TEACHER.