

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

**PRINT Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Trip Date: Wednesday April 19, 2023 Depart Time: 3:45 LOT E gazebo ReturnTime: 5:30pm LOT E

Type of Trip: In School \_\_\_\_\_ Out of School X Periods Missed: NONE - after school event

Field Trip Coordinators: Amy Inselberger (Horticulture Club) & Sunny Suntharanund (Green Team)

Contact Info: 847-415-4427 ainselberger@d125.org 847-415-4454 psuntharanund@d125.org

Description of Field Trip: West Fork Preserve: Habitat Restoration to remove invasive buckthorn with Lake Forest Open Lands Association (LFOLA). Participants MUST wear long pants, long sleeves and closed toe shoes OR tall waterproof boots! Dress appropriately for the day's weather conditions - we'll go rain or shine! Students will be using saws, loppers, and doing physical work!

**Parents:** Your son/daughter will be participating in a Field Trip to:(City) Lincolnshire (State) IL

Place to be visited: West Fork Preserve: Old Mill Road at Route 22 and will be traveling by:

\_\_\_\_\_ School Mini-Bus X School Bus \_\_\_\_\_ Charter Bus \_\_\_\_\_ Plane

\_\_\_\_\_ District Minivan \_\_\_\_\_ Train

**I give permission for my son/daughter to participate in this Field Trip.**

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*PARENTS - PLEASE FILL OUT THIS SECTION - IMPORTANT\*\*\***

**MEDICAL PERMISSION FOR TREATMENT: (DOES NOT APPLY TO IN-SCHOOL FIELD TRIPS)**

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Stevenson High School personnel, every attempt will be made to notify the parent or guardian immediately. However, if the parent or guardian is not available and it is felt that emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

Print Student's Name	Parent/Guardian Signature	Date
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**Parent Phone Number:** \_\_\_\_\_

**Please supply the following information, if applicable:**

**Medical conditions:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Name and Phone Number of person to contact if parent cannot be reached:** \_\_\_\_\_

**\*\* PLEASE RETURN TO SPONSOR PRIOR TO FIELD TRIP NO LATER THAN  
Tuesday April 18 at 3:30pm to Room 8080 or directly teachers listed above**