

ST. CLAIR COUNTY SCHOOLS FIELD TRIP PERMISSION FORM

School/Organization: _____

Destination: _____

Date(s): _____ Cost: _____

Departure Time: _____ Return Time: _____

_____ (Name of student) has my permission to attend the field trip listed above. I consent for the teachers or chaperones to seek emergency medical care for my child if needed. I understand that the teachers, chaperones, principal, or St. Clair County Board of Education will not be responsible for any accident which might occur on the trip.

Complete all blanks. If a blank does not apply, please put "N/A".

Parent/Guardian 1: _____ Contact #1: _____

Contact #2: _____

Parent/Guardian 2: _____ Contact #1: _____

Contact #2: _____

Name and number of a person to contact in case of emergency and the parents/guardians listed above cannot be contacted.

Emergency Contact: _____ Contact #1: _____

Contact #2: _____

Will the student be taking any PRESCRIPTION medication while on the field trip? Yes No

Will the student be taking any OVER THE COUNTER medication while on the trip? Yes No

List any condition that your child may have that emergency personnel should be made aware: _____

Parent/Guardian Signature

Date