



ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037 412.896.2310 FAX 412.751.9483

STUDENT FIELD TRIP PERMISSION FORM

(Please print)

Group (Class or Activity) _____

Teacher(s)/Sponsor(s) _____

Destination of Field Trip _____ Date(s) of Field Trip _____

Departure Time _____ Return Time _____ Method of Transportation _____

STUDENT INFORMATION

Student Name _____ Date of Birth ____/____/____

Family's Home Phone Number ____-____-____ Cell Phone Number ____-____-____

Father's Work Number ____-____-____ Mother's Work Number ____-____-____

Person to call if neither parent can be reached _____ Phone ____-____-____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Physician Name _____ Phone ____-____-____

Describe student's allergies, special factors, current medications: _____

Does the student have health insurance coverage? Yes [] No []

Health Insurance Provider's Name _____

Policy/Certificate # _____ Group # _____

Name Insured/Policyholder _____

Check one, if it applies: [] I will transport MY CHILD ONLY to and from the event/activity.

[] My child has my permission to drive to this event/activity and return to school. NO OTHER STUDENT passengers will accompany my child in the vehicle.

Parent/Guardian Signature _____ Date ____/____/____

Print Parent/Guardian Name _____