



Student Name _____ School _____ Date _____

General Information

The _____ is planning a trip to _____

Purpose of trip _____

Trip Destination _____ Phone No. (_____) _____

Address _____ Place of Lodging _____

We will leave from _____ at _____ ☐ AM ☐ PM

on (date) _____. We will return to the school on (day) _____ (date) _____

at _____ ☐ AM ☐ PM ☐ Itinerary is attached ☐ List of items needed is attached

Type of Transportation

☐ District Vehicle ☐ Commercial Transportation ☐ District Bus ☐ Other (explain) _____

Medical Information

Any current and new health concerns must be noted below to ensure the district provides adequate precautions during the school-sponsored event. Please list conditions such as allergies, diabetes, seizures, asthma, and any other health conditions:

Does your student require prescribed or over-the-counter medications related to their health condition? ☐ YES ☐ NO
If a student requires prescribed or over-the-counter medications, you must submit an HS 500 form signed by your healthcare provider. This form is available at the school's main office or district website.

Does your student require assistance with sunscreen? ☐ YES ☐ NO

Medical Insurance? ☐ YES ☐ NO Carrier Name: _____

Dental Insurance? ☐ YES ☐ NO Carrier Name: _____

Student Accident Insurance is recommended; low-cost plans and applications are available at www.myers-stevens.com

Name of Preferred Health Care Provider/Clinic: _____ Phone: _____

Name of Preferred Dental Provider/Office: _____ Phone: _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

If you have questions or concerns about this activity, please contact: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks,

I hereby give consent for: (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (_____) _____

Home Address _____ Evening Phone (_____) _____

Emergency Contact _____ Emergency Phone (_____) _____

Signature of Parent/Guardian _____ Date _____

Parent/guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.
Reference School Board Policy 2320 & 3400