

Parent/Guardian Field Trip Permission Slip

WARREN COUNTY PUBLIC SCHOOLS

By signing below, you are stating you are the legal guardian of the student and are giving your permission for _____ to go on a field trip to _____ on the following date: _____, and travel by bus transportation, or other school transportation, which will be furnished by the District unless otherwise stated.

As this student’s legal guardian, you must answer YES or NO to the following questions (Please circle your answer):

Does your child have:

Epilepsy/seizures? YES NO
Date of Last Seizure: _____

An allergic condition requiring the use of an injectable epinephrine device? YES NO

Asthma that requires the use of an inhaler? YES NO

Diabetes or Glucagon for treatment of hypoglycemia? YES NO

If you answered “YES” to any of the above questions, please provide a detailed explanation of your child’s medical treatment: _____

Please list any other medical conditions: _____

Required medications to be dispensed on field trip: _____

Allergies: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Medical Release Form

In the event of an emergency during this event, I give permission for _____ to be treated at a hospital/clinic/doctor’s office.

Child’s physician is: _____ Insurance Co.: _____ Policy No. _____

Emergency Phone #1: _____ Name: _____

Emergency Phone #1: _____ Name: _____

Please add any additional information to the back of this form.