FIELD TRIP PERMISSION SLIP

SCHOOL _____ CLASS _____ ADULT IN CHARGE _____

_____ has my permission to visit
(Student's first and last name)

_____ on _____
(Description/Name of Event) (Date)

From _____ to _____
(Estimated Departure Time) (Estimated Return Time)

As parents, we fully understand the added responsibility of this field trip or activity and will not hold the district responsible for added liability.

EMERGENCY TREATMENT AUTHORIZATION

I realize my son/daughter may be injured during participation in activities, including playing, travel, etc., and may require medical treatment for injury or sickness. I accept full responsibility for the cost of such treatment, including costs not covered by insurance.

Should efforts by the adults in charge to contact me/us at _____ **(contact phone numbers)**, I/We give my/our permission for the adults in charge to act in my/our behalf to obtain medical treatment deemed necessary by a qualified licensed medical practitioner for my son/daughter.

ALLERGIES, CURRENT MEDICATION AND OTHER IMPORTANT MEDICAL INFORMATION:

Please Note: IF this form is being filled out on the website please print, sign and have your student turn into the teacher involved with this field trip.

_____ _____
Parent/Guardian Signature and Date Parent/Guardian Signature and Date

_____ _____
Address Address

_____ _____
City, State, ZIP City, State, ZIP

Date: 9/2014