

_____ (School)

PARENT PERMISSION / CONSENT FORM

_____ Is planning a field trip to _____ on
(Place)

_____ We will be leaving at _____ A.M. / P.M.
(Date) (Time)

at approximately _____ A.M./P.M. This field trip is
being taken by _____ under the supervision of teachers.
(transportation method)

We will be visiting _____

Please sign the form and return the form to school so that we may know you are aware of your student's participation in this activity away from school. Return the form to the teacher as soon as possible.

_____ has my permission to go on the field trip.
(Student's Name)

Medical Information

(Student's Name)

Should it become necessary for my child to have medical treatment, I hereby give permission to get medical service for my child and I give permission to the selected physician to render medical treatment deemed necessary and appropriate. I have also listed any needed special medical information knowledge that may become necessary to know such as known food or insect allergies, any medicine insights that should be known, or any physical problems that may hinder students from participating. All school rules apply. I will not hold the school or personnel responsible for any unforeseen events or occurrences.

(Parent/Guardian Signature)

(Address)

(Home Telephone Number)

(Work Telephone Number)

(Other Emergency Number)**Special Medical Information:**
