

## Riverside Local School District's Student Permit for School Field Trip

My child \_\_\_\_\_ has my permission to go on a field trip to \_\_\_\_\_ by  
(student's name) (location)  
\_\_\_\_\_ on \_\_\_\_\_ and \_\_\_\_\_ will act as a guide on this trip.  
(transportation type) (date) (teacher's name)

### RELEASE OF RESPONSIBILITY

I agree not to hold the above named teacher(s) responsible in the event of illness or any other accident which may befall my child on this trip. **X** \_\_\_\_\_

*Parent or Legal Guardian Signature*

### EMERGENCY INFORMATION

**This form must be completed and returned if your child is to go on the above trip.**

Student's name: \_\_\_\_\_ Grade: \_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

*Where can parents be reached if not at home?*

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

List two emergency contacts who will assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Name: \_\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.*

**X**Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

List any medications your child takes at school: \_\_\_\_\_

*If your child self carries medication it is important they have it with them the day of the trip.*

Other conditions: \_\_\_\_\_

Local physician's name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**\*PLEASE NOTE\* Required Online Forms MUST be completed through the Infinite Campus Parent Portal for students to go on field trips.**