

STUDENT PERMIT FOR SCHOOL FIELD TRIP

My child _____ has my permission to go on a trip
to _____ by _____
on _____ (transportation)
_____ will act as
guide on this trip.

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.

Parent/Guardian Signature

This paper must be returned if your child is to go on the above trip.

EMERGENCY INFORMATION

Please Print

Student's name _____ Grade _____ Birth Date _____

Address _____ Home Telephone _____

Where can parents be reached if not at home?

Mother's address _____ Telephone _____

Father's address _____ Telephone _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

Date _____

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.

Signature of parent/guardian _____

Allergies _____

Other conditions _____

Local physician's name _____

Address _____ Telephone _____
Office Home