



Field Trip Permission Form

My child _____ (student), has my permission to go with his/her class to _____ on _____.

The purpose of this trip is _____.

On the date of this field trip, I can be reached at telephone number _____.

An emergency contact is _____ (name) _____ (telephone number).

In the event of a serious illness or injury to my child, I expressly consent to the administration of emergency medical care if such care is deemed to be in the best interest of my child.

For overnight field trips or field trips that extend beyond school hours, please list any medications that need to be administered to the student during the field trip:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time To Be Given</u>
1.		
2.		
3.		
4.		

I understand that all school policies, procedures, and expectations, including the District's Behavior Code (Policy JCDA), apply to my child during the course of the field trip. I agree that any prescription medication necessary to be administered will be provided to the school in the original container, clearly marked with my child's name and will be given directly to the person in charge of medication administration on this trip. Any over-the-counter medication must be provided in the original sealed package. I understand that this form may be shared with other individuals as necessary for the completion of the field trip. I certify that I am the parent and/or legal guardian of the student, that I have read and that I understand the above Permission Form, and that I accept and will be bound by its terms and conditions on my behalf and on behalf of the student.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date