

SCHOOL-SPONSORED FIELD TRIP/SPECIAL TRIP PERMISSION FORM

INSTRUCTIONS:

Complete pages 1 and 2 for single day field trips and pages 1, 2, and 3 for extended day field trips.

SCHOOL _____

DATE _____

Dear Parent/Guardian:

Your child has the opportunity to participate in the following field trip away from school.

TEACHER _____

GRADE LEVEL _____

TRIP DATE _____

TRIP DESTINATION _____

TRIP PURPOSE _____

TYPE OF TRANSPORTATION _____ LOCATION OF DEPARTURE _____

TIME OF DEPARTURE _____ AM/PM

APPROXIMATE TIME OF RETURN _____ AM/PM

BASIC COST OF TRIP \$ _____

MONEY DUE BY _____

ADDITIONAL SPENDING MONEY: _____ ENCOURAGED

_____ WILL NOT BE NECESSARY

LUNCH NEEDED: YES If yes, check one of the following: will bring from home **or** request sack lunch from school
 NO



PARENT/GUARDIAN COMPLETE:

_____ (Child's name) has my permission to participate in the described field trip and/or extra-curricular activity.

I am providing the following information for the safety of my child:

1. In the event of an emergency, please contact either me or the emergency contact person listed below:

(Name of parent/guardian)

(Phone)

(Person to call in case of emergency)

(Phone)

2. Please be aware of these health concerns that may require the assistance of school staff. (Wearing Med Alert bracelet is strongly advised if your child has a condition that could be life-threatening without prompt treatment.)

3. To comply with state law, any student requiring medication or treatment to be administered during the field trip must have a medication consent form on file in the school. Forms are available in the school office.

The teacher will accompany your child on the trip and will use all reasonable precautions with regard to safety and general welfare. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be responsible for any additional incurred trip expenses.

Please return this permission form no later than _____.

Please sign below to indicate permission for your child to go on the trip.

Parent/Guardian Signature

DATE _____

Parent/Guardian Telephone Number

SCHOOL DISTRICT OF JEFFERSON OVERNIGHT FIELD TRIP MEDICAL RELEASE FORM

Student's Name: _____ **If unable to reach parent/guardian, please notify:**
Street Address: _____ Name: _____
City: _____ Zip: _____ Relationship: _____
Date of Birth: _____ Home Ph #: _____
Cell Ph # or Pager: _____

Parent/Guardian Contact: _____
Address: _____ **Medical Insurance Information:**
Home Ph #: _____ Provider: _____
Work Ph #: _____ Contact #: _____
Cell Ph # or Pager: _____ Group #: _____

Student's General Health Information

1. Does your child take medication? YES or NO
A completed and signed *Administering Medication to Students* form is required for each medication (prescription or over-the-counter) to be administered during the field trip.
2. Does your child have any allergies? YES or NO If yes, please list: _____
Does your child require medication to treat severe allergic reactions to insect stings/bites, food, etc? _____
If yes, a copy of the completed and signed *Food Allergy Action Plan* or *Administering Medications to Students* forms must accompany this form.
3. Does your child have asthma? YES or NO
If yes, a copy of the student *Asthma Action Plan* and *Administering Medications to Students* forms must accompany this form.
4. Date of your child's last Tetanus Booster shot: _____
5. Is there any health history that may assist the person in charge if this student should become ill?

Student's Physician: _____
Address: _____
City: _____ State: _____ Zip code: _____

Authorization to Treat/Administer Medication: I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Jefferson School District representative.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date