

**STUDENT FIELD TRIP PERMISSION FORM
PUBLIC SERVICE DAYS 2018-2019**

*****PLEASE SIGN AND RETURN FORM BY: Wednesday, August 28, 2018*****

Student's Name: _____ **Grade:** _____

Field Trip Coordinator: Mr. Larson **Dates of Trip:** Wednesday, 10/17/18 & Wednesday, 5/22/2019

Departure Time: 8:15 AM **Return Time:** 11:45 AM

Trip Location: To Be Determined (additional information forthcoming) **Cost:** \$0

PARENT/GUARDIAN'S CONTACT INFORMATION:

Home #: _____ Work #: _____ Cell #: _____

In the event that you cannot be contacted, please provide an emergency contact:

Name: _____ Relationship: _____

Telephone #1: _____ Telephone#2: _____

I hereby give authority to the instructor in charge to grant permission to a medical doctor to examine and treat my child in case of any injury received while on this trip. _____ (Parent/Guardian Initials)

Medical Insurance Company Name: _____

Insurance Membership Number: _____

Name of Physician: _____ Telephone #: _____

Any medical concerns/allergies ___Yes___ No Please explain: _____

Does the student take medication every day? ___Yes___ No

Please explain: _____

What medication: _____ Time taken: _____

I hereby give permission for my child to participate in the Public Service Day field trips and activities. I understand that further information approximately two weeks before the Public Service Days, which will occur on October 17, 2018 and May 22, 2019, will be sent to me with my child.

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____