

**PARENT PERMISSION FOR SCHOOL RELATED FIELD TRIPS
AND CONSENT TO TREAT FORM**

Your student has the opportunity to take part in a school-related field trip away from school. Participation is voluntary and requires your written permission. If you approve the following arrangements, please sign the bottom of this form and return to the faculty sponsor or coach.

STUDENT NAME: _____ SCHOOL: _____

NATURE OF ACTIVITY: _____

DESTINATION: _____

DATE: _____ TIME OF DEPARTURE: _____ TIME OF RETURN: _____

TRANSPORTATION: Student must use the means of transportation checked below both to and from the event.

- 1. District owned bus _____
- 2. County owned vehicle _____
- 3. Commercial (Name of Company) _____
- 4. Private Vehicle _____
- 5. Walking _____
- 6. Bicycle _____

Field Trip Supervisors: _____

I further agree in the case of a medical emergency, illness or injury that the supervisor has my express permission to take the above named student to a doctor or medical facility to receive emergency treatment.

IMPORTANT MEDICAL INFORMATION OR ALLERGIES:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

EMERGENCY PHONE NUMBER: _____

**For schedule of events (if more than one event) see attached sheet.

THIS FORM MUST BE COMPLETED AND SUBMITTED FIVE DAYS PRIOR TO THE SCHEDULED SCHOOL-RELATED FIELD TRIP.

