

Field Trip Permission Slip

I hereby give my permission for my child, _____, to go on short-term, local educational field trips during the school year. If I cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, I authorize responsible school authorities to send my child (properly accompanied) to an available hospital or physician and I further authorize the treatment by a qualified and licensed medical doctor of the minor named above in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort had been made to reach me.

STUDENT NAME	DATE OF BIRTH

DOCTOR'S NAME	PHONE NUMBER

EMERGENCY CONTACT NAME	RELATIONSHIP
	PHONE NUMBER

INSURANCE CARRIER	POLICY No.

SPECIAL HEALTH CONDITIONS OR DRUG ALLERGIES

PARENT/GUARDIAN NAME (Print)	PHONE NUMBER

SIGNATURE	DATE