

Student Name _____ School _____ Date _____

GENERAL INFORMATION

The _____ is planning a trip to _____
Purpose of trip _____
Trip Destination _____ Phone No. (_____) _____
Address _____ Place of Lodging _____
We will leave from _____ at _____ AM PM
on (date) _____. We will return to the school on (day) _____ (date) _____
at _____ AM PM Itinerary is attached List of items needed is attached

TYPE OF TRANSPORTATION

District Vehicle Commercial Transportation District Bus Other (explain) _____

MEDICAL INFORMATION

The following current health problems should be noted and adequate precautions taken (please list conditions such as unusually severe reaction to bee stings, other severe allergies, diabetes, seizures, etc.): _____

If your student requires medication on a field trip, a current Medication Authorization (H-145, signed by an MD/health care provider) must be provided. These are available at the school main office or district website.

Medical insurance? ___ yes ___ no Carrier Name _____

If yes, includes Dental Insurance? ___ yes ___ no

Student Accident Insurance is recommended; low cost plans applications are available in the school offices.

Name of Preferred Health Care Provider or Clinic: _____ Phone (_____) _____

Name of Preferred Dentist or Dental Clinic: _____ Phone (_____) _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

If you have questions or concerns about this activity, please contact: _____

MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks,

I hereby give consent for: (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (_____) _____

Home Address _____ Evening Phone (_____) _____

Emergency Contact _____ Emergency Phone (_____) _____

Signature of Parent/Guardian _____ Date _____

***Parent/guardian signature reflects their knowledge and approval of the activity described above.
This form must be returned to school before the student is involved in the activity.***