

Field Trip Permission Form Parental Consent Form

Today's Date

We, the parents/guardians of

_____ ,

hereby give permission for our son/daughter to attend

at _____ on _____
Destination Date

We will assume full responsibility for any injury or illness contracted by our son/daughter while a member of this activity. We also give permission for the advisor of this school activity to use his/her judgment in securing whatever medical service is deemed necessary for our son/daughter while on this trip.

Please attach a copy your insurance card(front & back) to this form.

Emergency

Contact _____ Phone# _____

(other than parent)

Insurance Co _____ Policy # _____

Medical Conditions _____ Allergies _____

Medication currently taking _____

Parent/Guardian Signature

Date

Address _____ Phone#(s) _____