

# FIELD TRIP PERMISSION FORM (Day)

Important Directions: (1) Use one form per trip, (2) Teacher completes the Field Trip Information section, (3) Duplicate one form per student, and (4) Send a copy home for parent(s) to complete remaining sections (front and back) and sign.



STUDENT INFORMATION		
STUDENT'S LAST NAME	STUDENT'S FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)
MAILING OR STREET ADDRESS/APT #		CITY, STATE, AND ZIP CODE
SCHOOL NAME		HOMEROOM TEACHER/GRADE

FIELD TRIP INFORMATION		
FIELD TRIP DESTINATION <i>Anna Fria H.S., Barry Goldwater H.S., Campo Verde H.S., Desert Ridge H.S.</i>	DATE(S) OF FIELD TRIP <i>2/15/19, 2/23/19, 3/2/19, 3/9/19</i>	MEANS OF TRANSPORTATION <i>Bus</i>
DEPARTURE TIME FROM SCHOOL <i>TBD</i>	RETURN TIME TO SCHOOL <i>TBD</i>	COST OF TRIP <i>\$0</i>

EMERGENCY CONTACTS		
For precautionary measures, please provide your home phone number <b>OR</b> the phone number where you may be reached on the day of the field trip. In addition, please provide one or two other contacts (a relative, friend, sitter, etc.) and their phone numbers in case of an emergency and we are unable to reach you.		
NAME OF PARENT/GUARDIAN TO CONTACT	PHONE NUMBER OF PARENT CONTACT	INDICATE PHONE NUMBER TYPE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
NAME/RELATIONSHIP ADDITIONAL CONTACT	PHONE NUMBER OF CONTACT	INDICATE PHONE NUMBER TYPE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL
NAME/RELATIONSHIP ADDITIONAL CONTACT	PHONE NUMBER OF CONTACT	INDICATE PHONE NUMBER TYPE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL

MEDICAL INFORMATION		
FIRST AND LAST NAME OF PRIMARY HEALTHCARE PROVIDER FOR STUDENT		HEALTHCARE PROVIDER PHONE
HEALTH INSURANCE PLAN	POLICY NUMBER	<input type="checkbox"/> PARENTAL WAIVER (No Insurance)
DATE OF LAST TETANUS	KNOWN ALLERGIES: (List ALL, including medication allergies. If NONE, so indicate.)	
SPECIAL MEDICAL CONSIDERATIONS/INSTRUCTIONS. If NONE, so indicate.		
MEDICATIONS: My child takes the following daily and/or emergency medication(s). If NONE, so indicate.		
I understand that I need to contact the school nurse to complete all necessary medication forms prior to the scheduled field trip.		

PV SCHOOLS SPONSORED TRAVEL	
Water facility usage is permissible while traveling if activity is staffed with certified lifeguards.	
There are inherent risks in using water facilities. If you choose to have your child participate, you accept those risks.	
<b>STUDENT'S SWIMMING ABILITY STATEMENT – REQUIRED if traveling to a Water Facility</b>	
Please mark one of the boxes below to indicate that you are aware of your child's ability to swim or to be near any pool of water. By signing this permission slip, you are stating that you accept the risks involved in using water facilities.	
MY CHILD HAS THE APPROPRIATE LEVEL OF SWIMMING SKILLS TO SAFELY PARTICIPATE IN ALL WATER PARK ACTIVITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
* For all other water-related field trips, see attached form for information regarding the activities involved.	

PARENT SIGNATURE REQUIRED	
I allow my above-named student to attend the field trip that has been scheduled. If any illness or injury occurs, I authorize a school representative to obtain emergency treatment for the above student at the closest medical facility unless instructed otherwise by paramedics or according to the special instructions listed above. I understand that the school assumes no responsibility other than the exercise of prudent supervision. All medical expenses will be covered by my own medical carrier.	
PLEASE CONTACT ME IF A PARENT VOLUNTEER IS NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT/GUARDIAN SIGNATURE FOR FIELD TRIP: _____	DATE: _____
PARENT/GUARDIAN SIGNATURE FOR EMERGENCY MEDICAL TREATMENT: _____	DATE: _____