

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 (SS-500, 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.***