

Bureau Valley North/South Permission Slip

(Name of Trip Entered Above)

Date of Trip:	Destination:
Departure Time:	Return Time:
Educational Purpose:	
Trip Supervisor (name of teacher, group leader, etc.):	Student Cost for Trip (if any):

TRANSPORTATION BEING PROVIDED (check all that apply):

School bus Private vehicle Commercial carrier Walking Other:

PLEASE RETURN THE COMPLETED PERMISSION FORM BY: _____

STUDENT AGREEMENT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. School dress code will be enforced (be sure to dress for the weather and the activity). I will listen attentively and will follow the supervisor's directions at all times. I understand that the school has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions.

Signature of Student

Date

MEDICAL INFORMATION

Does the student have any known allergic reactions or chronic illnesses? Yes No

If yes, please describe:

Will the student need to take any medication while on this trip? Yes No

If yes, list name of medication:

Name of Primary Physician: _____

Physician's Phone # (including area code): _____

PARENTAL AUTHORIZATION

I request that my child, _____, be allowed to participate in the field trip listed above. I understand that this activity will take place away from the school grounds, and I grant my consent to the method of transportation. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower school officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

Signature of Parent

Date

Phone # (with area code) where I can be reached during trip: _____ (cell) _____ (work)
_____ (home)

If I cannot be reached, please contact: _____ Relationship to student: _____

Phone #: _____

Additional Notes/Restrictions:

TO BE COMPLETED BY THE SCHOOL

TO BE COMPLETED AT HOME