

PARENT PERMISSION APPROVAL FORM FOR SCHOOL TRIP

I give _____ permission to participate and attend:
_____ Date: _____

Depart from school _____ Return to School _____

PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT

I hereby give my consent for the above student to attend this trip. I will not hold the school responsible in case of accident or injury whether it be en route to another school or during a school trip, and I hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, harmless from any and all liability, actions, causes of actions, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to this trip.

Permission and authorization of treatment: If I cannot be reached in the event of an emergency, I hereby consent for the school to obtain through a physician or hospital of its choice, such medical care which is necessary for the welfare of the student named above.

Optional: My son/daughter is covered by basic accident insurance for the current school year with:
Insurance Company: _____ Policy Number: _____

STUDENT INFORMATION AND EMERGENCY INFORMATION

Parent's Name _____ Phone _____ Work _____

Doctor's Name _____ Phone _____ Address _____

ADDITIONAL INFORMATION FROM PARENT/GUARDIAN, please describe any additional condition that may affect the student. Also, please list ANY medication student is taking. _____

In case of emergency, please list a number where you can be reached during the trip: _____

Signature of Parent/Guardian _____

Address _____ Phone Number _____

STUDENT WORK REQUEST FORM FOR SCHOOL TRIPS/ACTIVITIES (JH/HS ONLY)

	CLASS	TEACHER	ASSIGNMENT	DUE DATE	TEACHER INITIALS
1					
2					
3					
4					
5					
6					
7					

Student Signature: _____ Sponsor Signature: _____