

# Field Trip Parent Permission Form

Child's Name: \_\_\_\_\_ Grade: 6<sup>th</sup>

Field Trip Destination: Camp Grizzly, Harvard, ID Date of Trip: Sept. 11-13, 2019

Departure Time: Wed. 9AM Arrival Back Time: Fri. 2 PM

Students traveling by: School Bus/Van X Walking: \_\_\_\_\_ Other: \_\_\_\_\_

### Health Alert Information

- Does your child have an allergy, or other health alert/medical condition?
  - Yes \_\_\_\_\_ No \_\_\_\_\_
  - List child's allergy and/or medical condition(s): \_\_\_\_\_
  
- Does medication need to be available to your child on the field trip?
  - Yes \_\_\_\_\_ No \_\_\_\_\_
  - List medication child needs available on the Field Trip: \_\_\_\_\_
  
- Does child have parent/physician signed **Administration of Medication Form** on file for this school year?
  - Yes \_\_\_\_\_ Not sure \_\_\_\_\_ Not applicable \_\_\_\_\_
  
- Comments/Additional Info: \_\_\_\_\_

### Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Teacher Notes:

\* Wednesday \* Bring a sack lunch!

\* Pack tight & light. 😊 Kids are responsible for transporting all of their own stuff.

By signing below, I grant permission for my child to participate in the above field trip. I also grant permission for my child to be transported to a hospital or treatment center in the event of an emergency. If applicable, I have listed any allergies and/or health condition(s) and any medication my child needs to take on the field trip. I understand that a current physician/parent form for **Administration of Medication** at school must be provided if medication is to be administered while the child is on the field trip.

Print Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form by: Aug. 27<sup>th</sup> 2019 To: GES office