



ANNUAL FIELD TRIP PERMISSION & RELEASE 2018-2019

This field trip consent form gives the ACLD Tillotson School and its staff permission to take the below named student off campus for approved field trips for the 2018-2019 school year. The permission applies to all field trips occurring within the school year and is valid for one year. Parents will be notified at least 48 hours in advance of field trips. At that time, parents will have the ability to withdraw permission for any individual field trip.

Student Information:

Student Name: _____ Grade: _____
Address: _____ City: _____ Zip Code: _____
Parent/Guardian: _____ Relationship: _____
Home Phone#: _____ Work Phone #: _____ Cell Phone #: _____
Parent/Guardian: _____ Relationship: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Emergency Contact: _____ Phone #: _____

Medical Information:

Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____
Medical Health Insurance Provider: _____
Policy Number: _____ Name of Insured: _____
Allergies: _____
Allergy Symptoms/treatment: _____
Medications: _____
Medical Condition: _____

I hereby give permission for my student to participate in the ACLD Tillotson School field trips during the 2018-2019 school year.

Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____ Date: _____