

**ELIZABETHTOWN AREA SCHOOL DISTRICT
PERMISSION FOR FIELD TRIP – MIDDLE SCHOOL/HIGH SCHOOL**

On _____ the _____ will travel to _____
(Date) (Group)
_____. We will be out of the District from _____ to _____
(Place) (Time)
_____. Transportation to the location will be by _____
(Time) (Walking/bus/car)

Phone #s where parent/guardian can be reached on trip date: _____

Additional contact in the event that parent/guardian cannot be reached: Name: _____

Relationship: _____ Phone # _____

Name of Health Insurance Company: _____ Phone # _____

I give my consent for my child _____ to participate in the field trip
(Print Name)
described above. In the event that I cannot be contacted, I give my permission for my student to have emergency medical treatment.

Parent/Guardian Name (Print) (Signature) (Date)

Please complete the following medical/emergency information for your child:

Allergies: _____

My child has the following Health Needs/Current Medical Problems:

List equipment needs: _____

Please have chaperones assist my child in the administration of the following medication during the field trip.

Name of medication: _____ Dose _____ Time _____

Name of medication: _____ Dose _____ Time _____

Name of medication: _____ Dose _____ Time _____

If there are special medical considerations for your child, would you be willing to chaperone for this trip? _____ yes _____ no. (If yes, wait to hear from the teacher before making your arrangements.)

If yes, _____
Parent/Guardian Name/s Phone Number