



FIELD TRIP PERMISSION

_____ has permission to participate in the following field trip.
(Student)

Location: **Walk-A-Thon, Connected Lakes**
Date(s): **10/11/17**
Departure Time: **9:00** Return Time: 11:00

I also approve of my child being transported by **STA**

I have indicated below any medical/personal information regarding my child which the sponsor(s) should be aware of. (This information will be kept confidential.) I also acknowledge that my child will be expected to abide by district, school and specific trip policies, rules, and regulations.

In case of an emergency, I grant permission for emergency procedures/ hospitalization to be provided for my child.

_____ My child **has no** medical concerns and **will not** require medication to be available while on the field trip.

_____ My child **does have** a medical concern and will require medication to be available while on the field trip. Examples may include: epi-pens, inhalers, oral medications, or diabetic supplies. Please list your child's medical/personal information or needs:

**** Please apply sunscreen to your child prior to an outdoor field trip to help prevent any sunburn.**

NOTE: For an extended field trip (outside of normal school hours), parents will supply the medication and directions for administering it for the full length of the trip.

Please complete the following:

Home Phone: _____ Work Phone: _____

Physician's Name and Phone: _____

Name and phone of two (2) relatives or friends to contact if parents cannot be reached in the event of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

This permission slip must be returned to the school at least _____ days prior to the trip.

Signature of Parent/Guardian

Date
(Nursing Services 5-07)

Scenic Walk-A-Thon

Date: Wednesday, October 11, 2017

Time: 9:00 am to 11:00 am

What to Bring: Bring a snack

Please return permission slip by: October 11, 2017

