

BAYFIELD SCHOOL DISTRICT
Parent Field Trip Permission Form

Dear Parent:

Your son/daughter _____ wishes permission to attend a field trip to _____.

The purpose of the trip is _____

Date (s) of the trip _____

Time of Departure _____ Time of Return _____

Method of Travel _____

Advisor/Teacher Signature _____

The Trip is Required _____ Voluntary _____

If your son/daughter has any medical disability, allergies, medication requirement, etc..., please list them below. PLEASE BE COMPLETE AND SPECIFIC.

Allergies: _____ Medications: _____

Medical Diagnosis: _____

Other: _____

If emergency medical treatment is necessary, I agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician. Family emergency contact name and phone numbers: _____

I have read the financial arrangements, the itinerary, medication forms and guidelines for Rules of Conduct for this trip and do hereby give my consent for the student named to participate on this trip.

Parent Permission Granted _____

Signature

Date

Principal Approval _____

APPROVED: November 13, 2000

REVISED: September 14, 2009