

Date form given to student _____

Completed form must be returned by _____ or student does not go on trip.

Columbia School District No. 206 PO Box 7 Hunters, WA 99137 Phone 509-722-3311 Fax 509-722-3310

FIELD TRIP-PARENT/GUARDIAN PERMISSION FORM

_____ has my permission to attend

_____ on _____

Chaperones will be _____

The group will leave school at _____ am/pm, and are schedule to return to the school at approximately _____ am/pm. As Parent/Guardian, I fully understand the added responsibility of this field trip or activity and will not hold the district responsible for added liability.

Emergency Medical Authorization: As a parent or guardian, having legal custody of _____, a minor, in my absence do hereby authorize, should it be required, medical treatment or hospitalization for any accident or illness while under the supervision of the Columbia School Staff. The attending physician and/or hospital is authorized to give the necessary treatment. Permission is also given to release such diagnostic and treatment information as may be needed to complete any insurance claims. Every effort will be made to contract parent or guardian to explain the nature of the problem prior to any involved treatment.

Please list any medications your child is allergic to:

Please list any medications your child needs to take with him/her on the field trip:

Please note: Current physician and parent permission forms for "administration of medication at school" must be obtained if medication is not routinely being given at school.

Does your child have any potential life-threatening allergies? Yes _____ No _____

If Yes, the school must be provided with physician' s phone number, an emergency contact number and any other medical information that would assist in the care of your child.

Physicians Name _____ Physician' s Phone No. _____

Emergency Contact _____ Phone No. _____

Other Medical Information _____

Today's Date _____ Parent/Guardian Signature _____

Home Phone _____ Cell Phone _____

Your child needs to bring the following:

Sack Lunch (no glass containers)

Money for Lunch

Money for admission

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FIELD TRIP-TEACHER PERMISSION FORM

_____ will be attending _____ on _____

Please indicate below that his/her work is completed and that he/she may attend the above event.

Period	Class-Subject	Work to be completed	Teacher Signature
1			
2			
3			
4			
5			
6			
7			

Notes _____
