

Garnet Valley School District

STUDENT PERMISSION FORM FOR FIELD TRIP

This form must be completed in its entirety. If this form is not completed and returned to the school, the child will not be permitted to attend the trip.

Name _____ Grade _____ School _____

Teacher _____ Date _____

A trip will be made on _____ By _____

To _____ For _____ day(s).

The purpose of the trip is _____

The total cost to the student for the trip is _____.

This includes _____

Transportation will be provided by _____

Departure time _____ Place _____

Return time _____ Place _____

EMERGENCY

In case of illness or accident, your permission is needed to allow the sponsor to arrange for medical assistance/hospitalization. Please contact the following in a medical emergency:

1. Name & Relationship _____ Phone # _____

2. Name & Relationship _____ Phone # _____

Medical Information

Known allergic reactions _____

Daily Required medication _____

Other _____

**** SERVICES THAT NEED TO BE PROVIDED ESPECIALLY FOR MY CHILD UNDER HIS/HER I.E.P OR HIS/HER 504 PLAN (if applicable) ARE AS NOTED: _____**

Family Physician _____ Phone # _____

Is Student covered by medical insurance? Yes _____ No _____ If yes, please give insurance name and card number _____

I give permission for my son/daughter _____ to go on the above field trip.

I give permission for my son/daughter _____ to receive emergency medical care as arranged by the sponsor.

Signature of parent/Guardian _____ Date _____