



FIELD TRIP PERMISSION FORM – Side 1

All information must be completed on both sides and signed in order to attend a field trip.

Student Name: _____ Birth Date: _____

Address/City, State: _____

Instructional Area: _____ Grade: 9th 10th 11th 12th Sending District: PG SF UP

Date(s) of Trip: _____ Destination of Trip: _____

Time of Departure: _____ Time of Return: _____

Emergency Phone Numbers

1. Name: _____ Available: AM PM

Phone: _____ Phone: _____

2. Name: _____ Available: AM PM

Phone: _____ Phone: _____

Medical Information/Medical Treatment Permission

Allergies: _____ Date of Last Tetanus Shot: _____

Medical/Health Problems: _____

Name of Physician: _____ Phone Number: _____

Name of Insurance Carrier: _____ Policy/Group Number: _____

Complete this section as needed

Medications(s): _____ Dosage: _____ Time: _____

Side Effects: _____ Last Date to be Given: _____

Description of Condition: _____

Possible Side Effects of Condition: _____

Results of Symptoms if Medication Not Received: _____

My son/daughter has permission to participate in the above stated field trip. If my son/daughter requires medication I understand that he/she is responsible for the storage of the medication(s) and for taking the medication at the times stated above. I also understand the medication(s) will be in the prescription bottle or the original container for over the counter medication(s). I give permission for any necessary medical treatment during the trip. I agree to assume responsibility for any expenses incurred in providing the necessary medical treatment.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIP FORM – SIDE 1 OF 2



FIELD TRIP PERMISSION FORM – Side 2

This side contains signatures from the student’s High School teachers and Principal

Student Name: _____

Date(s) of Field Trip: _____

CLASS	TEACHER	SIGNATURE	APPROVAL STATUS		REASON (if not approved)
			Yes	No	

Home School Principal Signature: _____
(by signing this form, you are approving the requested absence)

NOTE: All required signatures MUST be collected prior to obtaining WMCTC Principal Signature

WMCTC Principal Signature: _____

Copy to: Attendance Office