

FIELD TRIP PERMISSION FORM
(Parent to complete and return to teacher)

Name/Location of field trip Get Up Football Camp

Date of field trip Monday June 22 - Thursday, June 25

My signature below indicates that I have read the information contained in the Field Trip Information for Parent/ Legal Guardian) and any attachments, and that my child _____

Name of Child

may accompany the Football Team on the field trip noted above.
Class, Grade, or Group

_____ My child will need to be given medication during the field trip. Please complete the Medication form.

_____ I would like to chaperone. Only children who are part of the student group are allowed to participate in the trip.

I understand that the District's liability insurance only covers injury if negligence is proven against the District. In other circumstances, the student's health insurance will provide coverage.

Signature of Parent/Legal Guardian

Date

PERMISSION TO TREAT

I give permission for my child, _____, to be treated in case of a medical emergency. I understand in the case of an emergency my child will be taken to the nearest medical treatment facility immediately and I will be contacted.

In the case I cannot be reached, I am providing the names of two emergency contacts.

1. Name: _____ Phone Number: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Relationship: _____

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

Home Phone Number: _____ Cell Number: _____