Parent Permission Form

Dear Parent:

Your son/daughter has been selected to attend the field trip listed below. Please read the information carefully and return this form with your signature.

Student's Name: _____ Class/Organization: _____

Teacher in Charge: Date of Trip: _____

Depart Time:_____ Return Time: _____

Destination: _____

Transportation: _____

*This form must be returned by: _____

____ YES, I give _____ permission to attend the field trip listed above.

____ NO, My child does NOT _____ permission to attend the field trip listed above.

_____ _____
Parent's Signature Date

Medical /Emergency Information
Parent/Guardian Name: _____ Home Phone: _____
Parent Work Phone: _____ Cell Phone: _____ Alternate Phone: _____
Student's Date of Birth: _____ Student's Address: _____
Family Physician: _____ Phone #: _____

Describe any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities _____ none -or- Describe: _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted.
Name: _____ Relationship: _____
Phone #: _____ Alternate Phone #: _____

Please note: NCS School District staff cannot be responsible for the safe keeping of all personal items brought by students on this trip. As personal valuables can be lost or stolen, please monitor what items your child may be taking on this trip.