



## 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: \_\_\_\_\_

I give \_\_\_\_\_ 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.