

SCHOOL RELATED STUDENT TRIP PERMISSION SLIP AND MEDICAL RELEASE FORM

STUDENT FIRST NAME _____	STUDENT LAST NAME _____
SCHOOL _____	GRADE _____
HOMEROOM/CLASSROOM _____	
ALL TRIPS FOR THE _____	SCHOOL YEAR; OR _____
_____ DATE	
DESTINATION _____	
ALTERNATE DESTINATION	
MODE OF TRANSPORTATION _____	
STUDENT COST \$ _____	

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

PARENT SIGNATURE

DATE

PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER