



EDUCATIONAL STUDY TRIP INFORMATION AND PERMISSION FORM

Parents/Legal Guardians: Students will not be allowed to participate in an Educational Study Trip without written completion of this form.

School Name: \_\_\_\_\_ Trip Leader: \_\_\_\_\_

Trip Date: \_\_\_\_\_ Trip Destination: \_\_\_\_\_

Students will leave school at: \_\_\_\_\_ and return to school at: \_\_\_\_\_
(time) (time)

The purpose of the trip is: \_\_\_\_\_
\_\_\_\_\_

Other information: \_\_\_\_\_
\_\_\_\_\_

Special clothing required for this trip will include: \_\_\_\_\_

The location of the activity requires that each student be able to accomplish the following physical tasks: \_\_\_\_\_
\_\_\_\_\_

I am aware that classroom students are the only students allowed on the trip. No other students, siblings or guests may accompany volunteers or supervisors.

I approve of \_\_\_\_\_ participating in the \_\_\_\_\_
(name of student) (grade class or group)
educational study trip to \_\_\_\_\_.

Please check one: Student will: [ ] bring sack lunch [ ] buy school lunch

I do not approve of \_\_\_\_\_ participating in the trip and instead want he/she to participate in an alternative
(name of student)
learning experience.

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I understand that the District's liability coverage only applies to injury if negligence is proved against the District, and if the terms and conditions of the contractual liability coverage provided in favor of the District have been met. In all other circumstances, the student should seek coverage from his/her own healthcare insurer, and/or the negligent third party responsible for causing the injury.

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My signature below indicates I have read the information contained in this document.

Signature of Parent/Legal Guardian

Date

↓ Please complete both sides of this form. ↓

**EDUCATIONAL STUDY TRIP EMERGENCY MEDICAL INFORMATION  
AND CONSENT FOR EMERGENCY CARE**

*Parents/Legal Guardians: Students will not be allowed to participate in an Educational Study Trip without written completion of this form.*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Legal Guardians Full Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person other than parent who may care for or transport child who becomes ill or injured at school.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Drug allergies (penicillin, etc.): \_\_\_\_\_

Allergies to insect stings, food, or plants: \_\_\_\_\_

Recommended Treatments: \_\_\_\_\_

Medications to be taken during a field trip must be in the original prescription packaging with specific instructions. If your child must take medications during the trip time, please list all names, specific dosages, and times to be given:

Restrictions on physical activity: \_\_\_\_\_

Chronic health problems (asthma, epilepsy, etc.): \_\_\_\_\_

Your X placed by the item below grants the District/School personnel authority to administer the recommended dosage of non-aspirin (such as Tylenol). Non-aspirin: \_\_\_\_\_ yes \_\_\_\_\_ no

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**CONSENT FOR EMERGENCY CARE**

School Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

I have legal custody of my child and grant permission for emergency treatment to be administered in the following way. In case of serious illness, I request that the school/trip leader contact me. If I cannot be reached, I hereby authorize the school/trip leader to call the physician/hospital indicated above and follow their instructions. If it is not possible to contact this physician/hospital, the school/trip leader may make whatever medical arrangements are necessary. If there are any special instructions regarding medical treatment of my child, including any information regarding allergies or drug reactions, I have included the information above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

*Please complete **both** sides of this form.*