



FIELD TRIP PERMISSION SLIP / EMERGENCY FORM

20__-20__

I, _____, give permission for my child, _____, to ride in cars driven by the teacher or other licensed parents to activities away from the school.

Signed: _____ Date: _____
(Please enter full name for verification)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby AUTHORIZE ANY SCHOOL OFFICIAL to take my child,

_____, to our physician, Dr. _____; address _____:
phone number _____ or to _____ hospital or clinic.

Signed: _____ Date: _____
(Please enter full name for verification)

Please list all emergency phone numbers below.
