

Dear Parent/Guardian:

During the course of this school year, our students may go on a number of field trips. Some of our trips may be as brief as a walk to a neighborhood park or a quick bus ride to some other destination within our school district. Other trips may be lengthier and require bus transportation outside of our district.

In either case, we would like our teachers to always have basic health and emergency contact information for each of our students when they go on any field trip. We ask that you complete this form and return it to your child's teacher. We will keep this information on hand throughout the school year.

We will forward information regarding each of our intended trips during the course of the school year. When those trips require travel outside of our district, we will also send you a formal "permission slip". Thank you for your continuing cooperation. Please call with any questions or concerns.

Sincerely,

Daniel R. Bracey
Principal

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MEDICAL INFORMATION FOR FIELD TRIPS

STUDENT'S NAME: _____

I authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for _____ (child's name) while on any field trip during the course of the school year. In addition, I agree to accept the responsibility for payment of all bills accrued because of injury to my child while participating in school field trips.

In case of accident or injury an attempt will be made to call:

- The parent first - Day phone _____ Evening phone _____
- The doctor: Name _____ Phone: _____
- Insurance Company: _____ Policy Number: _____
(or Medicaid number: _____)

Does your child take any kind of medication regularly? Yes _____ No _____

If so, please list: _____

Please indicate if your child has any of the following:

Heart Trouble _____ Epilepsy _____ Diabetes _____

Allergies _____ If yes, please list: _____

Date

Signature of Parent/Guardian

Print Name