

FIELD/CLASS TRIP PARENT PERMISSION FORM

(revised 2013)

Please complete the following information and return to your child's school.

EMERGENCY INFORMATION

Students Name _____ Social Security # _____

Parent/Guardian Name _____

Address _____

Telephone

Home (_____) _____ Work (_____) _____ Cell (_____) _____

In case of an emergency and a parent or guardian cannot be contacted, please contact:

Name _____ Relationship _____

Telephone

Home (_____) _____ Work (_____) _____ Cell (_____) _____

MEDICAL INFORMATION

In case of the necessity of emergency medical treatment, I authorize a representative of the Southern Tioga School District to act in my behalf by signing any forms necessary for medical treatment. I understand that this authorization will be in effect during the field/class trip.

Insurance Information _____

Allergies _____

Medication (include name and dosage) _____

Important Medical History _____

PARENT PERMISSION

I give my child permission to attend the field/class trip to:

(trip destination) _____ on (date) _____

I understand the provisions of the trip and also understand that if my child does not follow the Southern Tioga School District guidelines and regulations, as enforced by the chaperones, I will be contacted and expected to make arrangements for my child's immediate return at my own expense.

Parent/Guardian Signature

Date