

WATTSBURG AREA SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM

Teachers: Please complete the following information.

Teacher/Advisor in charge of Field Trip _____

Date of Field Trip _____ Destination of Trip _____

Departure Time from School _____ Estimated Return Time to School _____

Student Cost _____ Lunch Information _____

Parents: Please complete this form and return it to your child's homeroom teacher by _____.

Parents: Please indicate whether your child has any of the following health concerns:

Asthma No Yes
Inhaler Needed No Yes Name of Medication _____

Life-Threatening Allergy
to Insect Sting No Yes Treatment _____

Life-Threatening
Allergy to Food(s) No Yes Food(s) _____
Treatment _____

Heart Defect No Yes

Seizure Disorder No Yes Name of Medication _____

Diabetes No Yes Name of Medication _____

Allergy to Drugs No Yes Name(s) of Drug(s) _____
Reactions(s) _____

Other Health Concerns _____

Parents: Please list emergency contact information during the time that your child will attend the field trip.

Name _____ Phone _____ Cell Phone _____

Name _____ Phone _____ Cell Phone _____

If emergency treatment is required and parents/guardians cannot be notified, I give consent for emergency treatment and transport to the nearest emergency room.

I GIVE CONSENT FOR MY CHILD TO ATTEND THE FIELD TRIP.

If your child has a medical condition that may require treatment during the field trip, please check one of the following:

I am able to attend the field trip and administer any medical treatments that my child may require.

I am not able to attend the field trip.

I DO NOT GIVE CONSENT FOR MY CHILD TO ATTEND THE FIELD TRIP.

Student's Name _____ Grade _____ Homeroom Teacher _____

Parent's Signature _____ Date _____