

**WATTSBURG AREA SCHOOL DISTRICT  
FIELD TRIP PERMISSION FORM**

**Teachers: Please complete the following information:**

*(Copied and completed forms need to be given to the nurse at least 3 days prior to the trip)*

Teacher/Advisor in charge of field trip: \_\_\_\_\_

Class or Program field trip is for: \_\_\_\_\_

Date of field trip: \_\_\_\_\_

Destination of field trip: \_\_\_\_\_

Departure time from school: \_\_\_\_\_ Return time to school: \_\_\_\_\_

Student Cost: \_\_\_\_\_ Lunch information: \_\_\_\_\_

**Parents: Please complete this form and return it to your child's homeroom teacher by:** \_\_\_\_\_

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**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 \_\_\_\_\_

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**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.

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**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 \_\_\_\_\_