



Freeman School District Field Trip Permission Form

STUDENT: _____
Last Name First Name M.I.

EMERGENCY INFORMATION:

Father's Name: _____ Mother's Name: _____

Father's Work #: _____ Mother's Work #: _____

Cell Phone #: _____ Cell Phone #: _____

Home Phone #: _____ Home Phone #: _____

List any Allergies/Medical Conditions your child has: _____

Does your child take any medication: Yes No

If so, should this medicine be taken on the field trip: Yes No

Details: _____

Persons you recommend we call in the event you cannot be reached:

#1 Name: _____ Phone: _____

#2 Name: _____ Phone: _____

Physician Preference: _____ Phone: _____

Medical Insurance Coverage: _____

Policy #: _____

If the above physician is not available, do we have your permission to take your child to a hospital or an available physician? Yes No

I HEREBY GIVE MY PERMISSION FOR A QUALIFIED PHYSICIAN TO EXAMINE MY CHILD AND IN THE EVENT OF INJURY TO ADMINISTER EMERGENCY CARE AND TO ARRANGE FOR ANY CONSULTATION BY A SPECIALIST, INCLUDING A SURGEON, HE/SHE DEEMS NECESSARY TO INSURE PROPER CARE OF ANY INJURY.

In the event it becomes for the district staff in charge to obtain emergency care for your child, he/she, nor the School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

TRIP INFORMATION

Date of Trip: _____ Leave: _____ Return: _____

I hereby grant the Freeman School District permission to take my son/daughter on a field trip to: _____

Special Instructions: _____

Parent/Guardian Signature: _____ Date: _____

I pledge that my conduct at all times reflect credit upon myself, my parents, and my school. I understand the school rules of conduct apply while on this trip.

Student Signature: _____ Date: _____