

SOUTHWESTERN CONSOLIDATED SCHOOL DISTRICT
OF SHELBY COUNTY
FIELD TRIP PERMISSION FORM

ACTIVITY _____

1. Student's full name: _____
2. Student's passport number (if applicable) _____
3. Student's home address: _____
4. Parent's names: Mother: _____ Father: _____
5. Home phone: _____
6. Work phone: Mother: _____ Father: _____
7. Emergency contact: Name _____ Phone _____
Name _____ Phone _____
8. Medical information (Attach additional sheet if needed)
A: Medications: Name _____ Dosage _____
Name _____ Dosage _____
B: Any allergies or other conditions _____
9. In case of an emergency, the teacher/chaperone is authorized to act as temporary guardian of my child and to seek appropriate medical treatment:
YES _____ NO _____
10. As this trip is part of the Corporation's educational program and provides experience of educational value, all school rules apply. All rules violations will be dealt with upon return to school. Should the rules violation, in the judgement of the teacher/chaperone, warrant immediate action, the teacher/chaperone may take any actions they deem reasonable and necessary including but not limited to sending the student home at his/her own expense.
11. It should be understood that the activities associated with this trip are such that students cannot be supervised by school staff at all times. While this trip will be supervised and there will be specific guidelines for behavior, students may be permitted to be in places where the supervisor cannot see them or contact them directly.

PARENTAL AUTHORIZATION: MY STUDENT HAS PERMISSION TO PARTICIPATE IN THE SCHOOL SPONSORED ACTIVITY DESCRIBED ABOVE.

Parent Signature

Date

Student Signature

Date