

FIELD TRIP PERMISSION FORM  
EMERGENCY MEDICAL PERMIT

Student's Name \_\_\_\_\_

I, being the parent or guardian of the above named student, agree to permit this student to participate in field trips by bus at Lebo Elementary School. I give permission to authorized school representatives to act in my absence to authorize members of the medical profession to treat injuries incurred in activities sponsored by the school.

I shall assume all medical payments and recognize that the medical insurance plan provided by Lebo schools is considered to be supplemental in coverage.

Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent Insurance Plan and Number \_\_\_\_\_

Name of family physician: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother cell # \_\_\_\_\_ Father cell # \_\_\_\_\_

Allergy to any medication: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_