

## HAMILTON JR/SR HIGH SCHOOL FIELD TRIP PERMISSION REQUEST

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give my permission for my child to accompany his/her class/group at Hamilton Jr/Sr High School on educational field trips during the school year. I understand in signing this request I acknowledge the following things to be true:

1. That I will be given details of each field trip by the school staff prior to the trip. I will notify the teacher in writing if I do not give permission for my child to participate in a specific field trip.
2. Reasonable supervision and adequate chaperones will be furnished by the school which will consist of teachers and/or parents of the group involved.
3. That if my child holds insurance purchased by the parents from the school, he/she is covered under this policy.
4. That if my child is not covered by insurance purchased by me from the school, I assume the responsibility for his/her insurance coverage.
5. I hereby authorize the bearer of this field trip permission request to act in my place and authorize medical treatment.

\_\_\_\_\_  
(Parent's Signature)

Date: \_\_\_\_\_

### In case of emergency during the trip, please notify:

Parent's  
Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Work \_\_\_\_\_

Doctor's  
Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### SIGNIFICANT MEDICAL PROBLEMS

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\_\_\_\_\_ Insurance purchased from school

\_\_\_\_\_ Covered by family insurance not purchased from school

\_\_\_\_\_ NOT covered by any insurance