

# **FIELD TRIP PERMISSION FORM – OVERNIGHT EVENTS**

*Athens Middle/High School*

Overnight Field Trip Event \_\_\_\_\_ To \_\_\_\_\_

Supervising Teacher/Advisor/Coach \_\_\_\_\_

Date/Time of Departure \_\_\_\_\_ Date/Time of Return \_\_\_\_\_

**Student's Name** → \_\_\_\_\_ has my permission to participate in the school field trips event listed above which requires an overnight stay.

Age \_\_\_\_\_ Gender: F / M \_\_\_\_\_ Home Phone \_\_\_\_\_ Student Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ Office Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**In an emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Health History**

Please check all allergies participant may have and briefly describe the reaction:

Insect stings/bites \_\_\_\_\_ Seafood \_\_\_\_\_

Asthma (allergy induced) \_\_\_\_\_ Food (wheat/nuts/other) \_\_\_\_\_

Hay Fever \_\_\_\_\_ Penicillin \_\_\_\_\_

Other \_\_\_\_\_

Please check below if participant currently has or has had any of the following:

<u>CONDITION</u>	<u>Past</u>	<u>Currently Has</u>
Heart Defect/Disease	_____	_____
Diabetes	_____	_____
Hypertension	_____	_____
Epilepsy	_____	_____
Bleeding/Clotting Disorders	_____	_____
Asthma	_____	_____
Other _____	_____	_____

**\*\*\* Please complete the reverse side. \*\*\***

**Please complete the following questions:**

a) Are there any specific activities to be encouraged, limited or avoided?      **YES**      **NO**  
If yes, please explain \_\_\_\_\_

b) Is participant able to swim?      **YES**      **NO**  
Please circle level of ability:      beginner      intermediate      advanced

c) Does participant have a current tetanus shot?      **YES**      **NO**      Date of shot: \_\_\_\_\_

d) List current medications (please send with directions to be administered during trip) \_\_\_\_\_  
\_\_\_\_\_

e) I give permission for my child to be administered the following as needed for minor discomfort while on the educational field trip (check all that apply):

Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Cough Drops \_\_\_\_\_ Tums \_\_\_\_\_ Other \_\_\_\_\_

f) Does your child have any special dietary considerations?      **YES**      **NO**  
If yes, please provide detailed information \_\_\_\_\_

g) Please provide any other important health related information about your child \_\_\_\_\_  
\_\_\_\_\_

Will your child need to take any medication during field trips even if outside normal school hours?      **YES**      **NO**  
If yes, please provide the necessary times and instructions for administering medication. ***The medication must be carried by the teacher. Provider order is required.***

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health conditions or require special accommodations that chaperones on the field trip should be aware of?      **YES**      **NO**      If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a primary and a back-up telephone number where a parent or designated authorized person can be reached during the field trip.

Primary \_\_\_\_\_ Back-up \_\_\_\_\_

**Please sign below to indicate permission for your child to go on school field trips which require an overnight stay.**

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