

Aromas-San Juan Unified School District

FIELD TRIP PERMISSION SLIP

Today's Date: _____ Name of School _____

_____ has scheduled a field trip. We are requesting your
(Name of Class)
permission for your child to participate in this trip.

Date of Trip _____ Method of Travel _____

Location of Trip _____ Departure Time _____

School Staff Member (TEACHER) Organizing Trip _____ Return Time _____

***Please make sure your child is dressed appropriately for the weather.**

To give permission for your child to attend this field trip, please complete, sign and return the lower portion of this form to (class teacher name): _____ by (date):

(Keep the top half of this form for your information.)

(Cut along dotted line and return this half by the date noted above.)

Student's Name (please print): _____
(Last Name) (First Name)

I, _____, parent/guardian of _____
give permission to my son/daughter to attend the following field trip:

Date(s) of Field Trip: _____ Location of Field Trip: _____

I understand that my son/daughter is expected to follow all the school rules and regulations as outlined in the District's Board Policies and School Student Conduct rules. I also understand that my son/daughter is expected to adhere to specific field trip communications procedures which will be discussed between students and their teachers prior to the trip.

YES, I do or NO, I do not give permission to the Aromas-San Juan Unified School District to take and use images of my child's participation in this field trip, for lawful purpose and in any form or medium (such as newspaper, internet, District social media sites, etc.) to promote school events.

Please be aware of the following medical or other specific needs of my child:

I hereby release all employees and agents of the Aromas-San Juan Unified School District from liability; and, assign harmless and indemnify each of them for any claim, judgment, or expense related to any alleged damages.

I can be reached at the following telephone number during the hours of the field trip: (____) _____

Parent/guardian signature

Date

STUDENT MEDICAL/ MEDICATION INFORMATION

To be given to the Aromas-San Juan Unified School District staff on the trip.

Signature indicates your permission for the School Site Principal to share this information

Student Name: _____ Date of Birth (DOB) _____

Address _____ Telephone # _____

Parent/Guardian Name (print) _____

Parent/Guardian Cell Phone # () _____ Alternate Cell Phone # () _____

Emergency Contact:

Name: _____ Relation to Student: _____

Cell Phone # () _____

Health Information:

Does your child have any of the following conditions?	YES	NO
Food/Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Asthma (bring medication)	<input type="checkbox"/>	<input type="checkbox"/>

If you have any concerns regarding your child's ability to participate, please notify the Principal and consult your primary care physician. Please use the space below to inform us of those needs.

Parent/Guardian Medical Permission for _____

(Student's Name)

I understand that parents/guardians will be contacted in case of serious sickness or accident. However, in the event of an emergency that requires immediate medical attention **I, the parent/guardian, hereby give permission to the physician selected by the Teacher or the Trip Leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.**

My child will NOT bring or carry over-the-counter, prescription or any other drugs on this field trip. I give permission for the administration of all medication listed below. ***(Please provide information regarding any daily medications your child may take while on this field trip.)***

Medical Condition	Medication	Dosage	Time	Side Effects

Parent/Guardian Signature _____ Date _____

Please complete and sign this form even if your child is not on any medication. Simply indicate "None" on the chart above. Then return this form to your child's teacher.