

**NORTHWESTERN SCHOOL CORPORATION
CURRICULAR FIELD TRIP PERMISSION FORM**

Form 5431A

_____ has my approval to attend the upcoming approved field trip.
(Student last/first name)

Student date of birth ____ / ____ / ____

Date of trip _____	Destination _____
Type of Transportation _____	
Departure time _____ AM PM	Return time _____ AM PM

EMERGENCY INFORMATION:

Father _____ Home # _____ Work # _____
(Name)

Cell # _____ Pager# _____

Mother _____ Home # _____ Work # _____
(Name)

Cell # _____ Pager# _____

In the event I cannot be reached in an emergency, I authorize the following person whom I consider to be responsible:

_____ Phone _____

Medicine student currently taking _____

Allergies _____

Chronic diseases or medical condition _____

Family doctor _____ Phone _____

Special instructions _____

I give permission for the school to obtain the services of a physician or hospital in case of an accident or illness and the parent cannot be reached.

Parent Signature _____ **Date** _____