

SCHOOL FIELD TRIP PARENTAL PERMISSION FORM

Student Name:		Department:		Date:	
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DEAR PARENT/GUARDIAN:

A group of students, including your son/daughter, is planning to participate in an approved activity. Below is information concerning this event:

1) LOCATION OF EVENT:	Vinal Tech Extended Day Program		
2) TYPE OF EVENT:	Various on and off site events		
3) SPONSOR:	Vinal Tech Extended Day Program		
4) DATE AND TIME OF DEPARTURE:	12/15 - 6/19	DATE AND TIME OF RETURN:	2:45- 4:15
5) METHOD OF TRAVEL:	Various - Bus & Walking		
6) COST (if any) TO THE STUDENT (includes transportation, fees, lunch, etc.):	none		



If you approve of your son's/daughter's participation in the above activity, please sign BELOW indicating your knowledge of this activity and your consent.

_____ has my permission to go on the school approved activity
(STUDENT NAME) described above.

I agree that:

- The financial obligations, if any, will be met.
- I am responsible for providing transportation home from the school at the conclusion of the trip.
- This is a school-sponsored activity and the rules of the Student Handbook are in effect for all trips including international travel.

Health Information: Please check all that apply

My child has the following health/medical problems: ☐ Asthma ☐ Allergy to: _____
☐ Diabetes ☐ Seizures ☐ Other health problem(s) _____

My child has ☐ an inhaler ☐ an Epipen and/or Benadryl ☐ Diabetes testing supplies and/or medication
☐ Other: _____, which needs to accompany him/her on this trip.

Teacher: if any of the boxes above are checked, forward a copy of this permission form to the school nurse.

Parent: if any of the above boxes are checked please call the school nurse at _____, ext. _____.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____

PHONE: () _____ , () _____ , () _____
 HOME **WORK** **CELL**

EMERGENCY CONTACT NAME:

PHONE: () _____, () _____, () _____
 HOME **WORK** **CELL**

Please return to:		by	
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DATE _____