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201 S. FERNE CLYFFE ROAD - GOREVILLE, IL 62939

2018-2019 FIELD TRIPS STUDENT PERMISSION FORM

STUDENT
NAME: _____ GRADE: _____

PARENT/
GUARDIAN NAME: _____ PHONE: _____

EMERGENCY CONTACT
(IF PARENT NOT
AVAILABLE): _____ PHONE: _____

SPECIAL INFORMATION (FOR EMERGENCY PURPOSES ONLY)

Allergies _____
Insurance company _____
Physician _____
Physician's Phone _____

By signing below, you are allowing your child to participate with his/her class/organization in all local field trips scheduled for the year. You will be notified by your child's teacher, coach, or sponsor of all field trips, including cost to student, appropriate dress, and the basic itinerary of each trip. If you have any questions at any time, please contact the field trip sponsor.

I give permission for my child to take part in all local field trips scheduled for the 2017-2018 school year. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/guardian signature _____
Date _____

