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201 S. FERNE CLYFFE ROAD - GOREVILLE, IL 62939

**2022-2023 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 2019-2020 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 \_\_\_\_\_

**PLEASE FILL OUT BACK OF FORM**

