FIELD TRIP PERMISSION SLIP

Student’s Name:__________________________________________

Name of Group/Class Attending Trip: ____________________________________________

Destination: ________________________________

Travel Date(s): ________________________________

Departure Time: ___________ Approximate Return Time: ____________

Form Must Be Returned by: __________________________________________

Emergency Contacts (2): (night phone # is required for all long duration trips)

Name:__________________________________________ Relationship to Student_________

Day Phone #____________ Night Phone #_________ Cell Phone #_____________

Name:__________________________________________ Relationship to Student_________

Day Phone #____________ Night Phone #_________ Cell Phone #_____________

I understand that the leaders will make every attempt to reach me, but in the event emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My child's physician is: ______________________________________

Physician's Phone & Address: ______________________________________

Does your child have any condition which requires medication or medical supervision?

Medication _____ NO _____ YES – Medication(s)__________________

____________________________________________________________________

Medical Supervision _____ NO _____ YES – Please Explain_________________

____________________________________________________________________

My child and I have read and understand the school's code of conduct for trips. We agree to abide by these rules.

Parent/ Guardian does hereby covenant and agree to release and hold harmless the Mount Pleasant CSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney’s fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in this trip.

Student’s Signature: __________________________________________

Parent/Guardian Signature:_____________________________________

Parent/Guardian Name (Print):___________________________________