

STUDENT FIELD TRIPS AND EXCURSIONS
(Permission Slip and Medical Release Form)

Student Information

Student's Name: _____ / _____ / _____

School: _____ Grade: _____ Homeroom: _____

Field Trip/Excursion Information

Field Trip Date(s): _____

Destination(s): _____

Alternate Destination (if applicable): _____

Mode of Transportation: _____

Cost to Student (if applicable): _____

I hereby give permission for my child to participate in the above-mentioned school-related student trip.

In the event of an accident or sudden illness while on the school-related student trip, I authorize school personnel to take whatever action is deemed necessary in their judgment for the health of said child including, but not limited to, authorizing medical treatment.

Signature of Parent/Guardian

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri

