

OUT-OF-TOWN TRIP PERMISSION FORM

My son/daughter _____ has my permission to
(Child's Name)
participate in the trip _____ on _____.
(Trip Destination) (Date)

I understand that my child has adequate medical insurance coverage. This coverage is under my individual policy.

Insurance Co. Name and Phone Number: _____

Policy Holder's Number: _____

Any other pertinent insurance information: _____

Other medical information or concerns: _____

I give permission for my child to be taken to the doctor or hospital for medical treatment should the need arise.

I also understand that my child is subject to school regulations throughout the duration of the field trip.

Parent/Guardian Signature: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Other: _____

Student Signature: _____