

FIELD TRIP PERMISSION FORM

Nowalk High

School

Student Name: _____ Sex: _____ Grade: _____

Address: _____ Date of Birth: _____

Home Phone: _____ Fax Number _____ Parent E-mail _____

Parent/Legal Guardian: _____ Phone: (____) _____

Business Phone No.: (____) _____ (____) _____ (____) _____

Mother

Father

Guardian

Business Fax No.: (____) _____ (____) _____ (____) _____

Mother

Father

Guardian

Relative or other responsible party: _____

Name

Relationship

Home Phone: (____) _____ Business Telephone: (____) _____ Fax No. (____) _____

My child has permission to participate in the field trip to: Band Season 2007-2008

In the event I cannot be reached in an emergency, I give permission to the physician selected by the group leader in charge to hospitalize my child. This is permission for treatment of my child by a physician, and at the hospital for any medical or surgical emergency. This permission will only be used after efforts to reach a parent/guardian have been made. Furthermore, I agree to waive all claims against the leaders/chaperones of this activity.

Parent/Guardian Signature

Date

HEALTH INFORMATION (Give dates where known)

Surgery within last year: _____

Is this student under medical treatment at the present time? Yes _____ No _____

If yes, give reason _____

Allergies (food and/or medication) - please list _____

Chronic Health Diagnosis (asthma, diabetes, epilepsy, etc.) _____

Special Health Concerns _____

Emotional Concerns _____

Menstrual Cycle Problems _____

Motion Sickness _____ yes _____ no Date of last Tetanus Vaccine _____