

**BOONE COUNTY SCHOOLS**  
ALL FIELD TRIP PERMISSION AND EMERGENCY FORM

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

MY SON/DAUGHTER NAMED ABOVE HAS MY/OUR PERMISSION TO GO TO WITH:

\_\_\_\_\_ TO \_\_\_\_\_

FOR: \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

**IN CASE OF EMERGENCY:**

You may reach us by telephoning: \_\_\_\_\_ or by contacting

\_\_\_\_\_ Phone: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please note any restrictions or medical information that would be helpful for treatment, such as allergies, diabetes, etc.

\_\_\_\_\_

Will it be necessary for your child to take medication while on the field trip?

YES \_\_\_\_\_ NO \_\_\_\_\_  
*If yes a special form will be sent home for administration of medication.*

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

THE BOARD OF EDUCATION MAINTAINS ADEQUATE INSURANCE COVERAGE FOR ALL SCHOOL RELATED ACTIVITIES. HOWEVER, INDIVIDUAL MEDICAL INSURANCE IS NOT PROVIDED BY THE BOARD OF EDUCATION AND IS A PARENTAL RESPONSIBILITY. BLUE CROSS/BLUE SHIELD OR SOME OTHER HEALTH PLAN WHICH YOU COULD PURCHASE WOULD BE ADVISABLE, OR YOUR LOCAL INSURANCE AGENT COULD PROVIDE INDIVIDUAL TRIP INSURANCE.

ORIGINAL FORM MUST BE IN THE POSSESSION OF THE TRIP SPONSOR. A COPY MUST BE FILED IN THE OFFICE OF THE SCHOOL PRINCIPAL.

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