

BOONE COUNTY SCHOOLS
FIELD TRIP PERMISSION FORM

Student's Name: _____ Teacher: _____ Grade: _____

Address: _____ Phone: _____

My son/daughter named above has permission to go with _____ to _____

For: _____ Date: _____

Departure Time: _____ Arrival Time: _____

IN CASE OF EMERGENCY

You may reach us by calling:

Contact 1: _____ Phone: _____ Contact 2: _____ Phone: _____

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

Parent Signature: _____ Date: _____

MEDICAL INFORMATION

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? _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

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.

Original form must be in the possession of the field trip sponsor. A copy must be on file in the office of the school principal.