

Student Names : _____ Grade Levels _____

BIG PINE UNIFIED SCHOOL DISTRICT FIELD TRIP PERMISSION FORM 2019 – 2020

Dear Parent/Guardian:

From time to time throughout the school year, your child will have the opportunity to participate in educational and athletic field trips and excursions. Typical trips have included musical performances, guest speakers, nature visits, academic competitions, and athletic events. Students are transported by school bus, school van, or private vehicles approved by the school district. Students often walk for nearby visits.

In order to eliminate the necessity of completing a separate authorization form for each of these trips, we ask that you initial the appropriate choice (A, B, or C) for your child.

This will authorize the school to include your child in ANY OR ALL of the activities planned during the year.

A. _____ I hereby authorize _____, grades _____, to participate in any or all expedition or case study fieldwork trips, outdoor adventures, or athletic events in which the student is qualified to attend, which may be planned by his/her teacher or the school during the current school year.

If you prefer, Line B can be used for ONE SPECIFIC EVENT ONLY.

B. _____ I hereby authorize _____, grade _____, to participate in
Name Activity _____.

If you have any objections to your student's participation in school related trips - Line C.

C. _____ I do NOT wish _____, grade _____, to participate in school sponsored activities, which require the students to leave the school

RELEASE FOR EMERGENCY MEDICAL TREATMENT

When a student suffers a serious injury or illness while at school or at an off-campus school trip or function, first aid will be rendered in accordance with local school policies and an immediate and continuing effort will be made to contact the parents of that student. If contact with the parent/guardian is not possible, medical treatment may not be provided unless this authorization is signed.

I hereby authorize the Big Pine Unified School District to provide medical treatment by a licensed physician in the event of a medical emergency for _____.

Parent/Guardian Signature

Date

Home Phone: _____

Work Phone: _____

Family Physician: _____

Phone: _____

Medical Insurance: _____

Policy No.: _____

List any physical disabilities (i.e.: diabetes, epilepsy, severe allergy, etc.) _____

List any medication your student has had an allergic reaction to: _____