

Educational Harbor Field Trip

JUNGLE GARDENS / FIELD TRIP PERMISSION SLIP / EMERGENCY FORM

Please complete this form that will accompany your child on the field trip. This information is necessary should we need to contact you while we are away from the school. No student will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the school trip leader/nurse on the trip.

Permission is granted for: _____ (Name of Student) PLEASE PRINT

to take a trip to the **Jungle Gardens** on Friday **November 8, 2019**. Time of departure is **9:15AM** and time of return is **TBA**.

_____ My child can come, but needs a ride

_____ My child can come, and I will drive. I can take _____ more kids with me to the Jungle Gardens.

The cost is \$9 per student, \$12 for adults. Please choose one of the following:

_____ We will pay out of pocket

_____ We will utilize the scholarship to pay

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Emergency Phone #: _____

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Please be sure to speak to 's Nurse before _____ [DATE] regarding any medications or special needs your student may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE SCHOOL TRIP LEADER/NURSE ON THE DAY OF THE TRIP. CONTACT INFORMATION FOR DAY OF FIELD TRIP ONLY:

Primary contact name _____

Relationship to student: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

Secondary contact name _____

Relationship to student: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

Student's Physician: _____

Phone #: _____

Student's Dentist: _____

Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name: _____

Policy #: _____

Group #: _____

Parent/Guardian Name: _____

Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: