

# CENTRAL HIGH SCHOOL

## FIELD TRIP PERMISSION FORM

Sponsor's Name \_\_\_\_\_ Organization \_\_\_\_\_

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in the following Central High School field trip on \_\_\_\_\_ to \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Trip or Destination)

I understand, as does my child, that like other school activities, field trips are school sponsored events and therefore all Wise County Code of Conduct and school rules and regulations apply to each event. If my child does not conform to the rules and regulations, he/she will be subject to disciplinary action.

I also give my permission for any emergency medical treatment that may be necessary for my child while participating in the above mentioned activity. I realize that every effort will be made to contact me in case of a medical emergency and that treatment would be at my expense.

\_\_\_\_\_  
Parent's Signature / Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Student Signature / Date

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Family Doctor (Name)

\_\_\_\_\_  
Date of Last Tetanus Shot

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Health Insurance Policy Number

Please list any special medical information you feel the sponsor should know, such as allergic reactions to medications or any medications that must be taken on a regular basis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Teacher approval and sign-off section:

\_\_\_\_\_  
Block 1 Teacher

\_\_\_\_\_  
Block 2 Teacher

\_\_\_\_\_  
Block 3 Teacher

\_\_\_\_\_  
Block 4 Teacher