

VALLEY SCHOOL DISTRICT #070
FIELD TRIP PERMISSION AND ACCIDENT RELEASE FORM

Name of Event
Grades _____

I hereby give permission for _____ (Grade _____) to participate in the field trip to _____ on _____. We will leave school at _____ and return by _____.

Transportation for field trip will be by **School Bus**. Your child needs to bring: **A Sack Lunch (you can order a lunch from the school below), Walking Shoes and Wear Appropriate Clothing for Weather!** The cost per student is **0**. In order for your child to go on this trip, you must complete this permission slip and return it to the school by:_____.

_____ Yes, please order a sack lunch from the school

Parents, please read and complete entire Field Trip Form:

NOTE: TELEPHONE AUTHORIZATIONS OR HANDWRITTEN NOTES ARE NOT ACCEPTABLE. YOUR CHILD MUST RETURN THIS COMPLETED FORM TO PARTICIPATE IN THE FIELD TRIP.

IMPORTANT: This information must be completed for your child to participate.

Is your child allergic to anything? YES _____ NO _____ If yes, explain

Does your child have an illness or condition the chaperone(s) should know about? YES _____ NO _____ If yes, please describe the usual treatment.

Name and phone number of family physician? _____

In case of an accident or emergency requiring medical treatment, I hereby give my permission for available medical personnel to treat my child.

Signature of Parent or Guardian

Daytime Phone Number

Date

YES, I am able to chaperone* _____ * Non-student family members may not ride the field trip bus. If you plan to chaperone, and need to bring a younger sibling, you will need to drive separately.