

# Field Trip Permission Form Parental Consent Form

\_\_\_\_\_  
**Today's Date**

We, the parents/guardians of

\_\_\_\_\_ ,

hereby give permission for our son/daughter to attend

\_\_\_\_\_

at \_\_\_\_\_ on \_\_\_\_\_  
Destination Date

We will assume full responsibility for any injury or illness contracted by our son/daughter while a member of this activity. We also give permission for the advisor of this school activity to use his/her judgment in securing whatever medical service is deemed necessary for our son/daughter while on this trip.

**Please attach a copy your insurance card(front & back) to this form.**

Emergency

Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**(other than parent)**

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

Medication currently taking \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Address \_\_\_\_\_ Phone#(s) \_\_\_\_\_