

WALKING FIELD TRIPS PARENT PERMISSION
School Year 2015-2016

Student _____ School _____ Grade _____

Our class could be participating in field trips to **community locations, within walking distance of school.** By completing this form you give your child permission to participate in any/all walking field trips that are taken during this school year.

Parents: In order to assure that we have the most current information on your child, please complete the following:

Parent(s): _____ Parent(s) Phone: _____

Phone number where parent can be reached during school hours: _____

Person to contact in case of an emergency during field trip hours (If other than parent):
 Name: _____ Phone: _____

HEALTH UPDATE

Allergies:

Does your child have any allergies? ___ Yes ___ No If yes, to what? _____

Please explain symptoms/treatment needed: _____

(If your child requires an epinephrine auto-injector, and you have already provided one for use at school, it will be brought along by school staff. If your child self-carries/administers epinephrine auto-injector it MUST be verified by school staff that it is available for the field trip. If Benadryl or other allergy medication is required, it is the responsibility of the parent to send appropriate medications with your child along with completed OTC consent.)

Asthma:

Does your child ever experience symptoms of asthma? ___ Yes ___ No
 If yes, explain usual symptoms and any treatment needed on this field trip. _____

(If your child carries an inhaler independently, it is the responsibility of the parent to send it along on field trips. If a teacher keeps it and an emergency or health care plan has already been arranged for your child at school, it will be brought along.)

Health Concerns/Physical Impairments:

Please note any physical impairments, health concerns, special accommodations, medications, etc. needed for your child on this trip: _____

(If an emergency or health care plan has already been arranged for your child at school, it will be brought along.)

I give permission for my child to attend these field trips. I give school personnel permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize school personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

 Parent/Guardian Signature

 Date