

**VCUSD#3  
Trip Consent Form**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Conditions, Allergies, and/or Medications:** \_\_\_\_\_

\_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**The person named above has my permission to go on a school sponsored trip to:**

\_\_\_\_\_

**on** \_\_\_\_\_ **and participate in all trip activities.**

**If a medical emergency arises and I cannot be reached, I give permission for my child to be taken to the nearest available medical facility for treatment and for treatment to be initiated.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_