

School-Related Student Trip Permission Slip and Medical Release Form

Student's Name _____
Last Name First Name Middle Initial

School East Bernstadt Grade _____ Homeroom/Classroom _____

All school – related trips for the _____ school year; OR

Field Trip Date(s) _____ Destination _____

Alternate Destination, if applicable _____

Mode of Transportation Bus Cost to Student, if applicable,\$ _____

I hereby give permission for my child to participate in the above mentioned school related student trip(s)

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician (s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of said child.

Signature of Parent/Guardian

Date

Please return this form to your child's teacher.