

FIELD TRIP PERMISSION FORM

My child _____, has my permission to leave school grounds in order to participate in off campus physical education activities.

PLEASE PRINT _____
Student's Name

PLEASE PRINT _____
Mother's Name

PLEASE PRINT _____
Father's Name

Signature of Parent/Guardian: _____

Date: _____

Important phone numbers: Home Phone _____

Mom's cell# _____ Dad's cell# _____

Mom's work# _____ Dad's work# _____

Any other important contacts: _____

THE BACK OF THIS PERMISSION FORM ALSO NEEDS TO BE FILLED OUT

Bishop Watterson Summer Physical Education Staff has my permission to administer Ibuprofen, Tylenol (or its equivalent) when necessary. This permission form will be in effect through July, 2014.

[] YES, I do want staff to administer the above to my child.

[] NO, I do **not** want staff to administer the above to my child.

Student's Name

Parent's Name

Date