

# DENTON INDEPENDENT SCHOOL DISTRICT

## Field Trip Permission Form

School: Guyer High School

Date: March 2, 2010

Dear Parent/Guardian: Please read the information below regarding an upcoming field trip for your child's class. You must give written permission on this form in order for your child to participate. The school will take all reasonable precautions in supervising the trip. Please sign the permit in the space provided below, complete the health/emergency information, and return to the school office **no later than arriving on the bus**.

***For safety and security reasons,***

- students will be directly responsible to those teachers sponsoring and monitoring the activity from the time of departure until return, and
- students will be required to travel to and from the field trip using only school-approved transportation

**This form must be returned before your child is allowed to participate. If you do not want your child to go on the field trip, arrangements will be made for your child to remain on the school campus.**

\_\_\_\_\_ has my permission to go on a field trip to Gonzalez  
**Student** (first and last name) **name of place**

on Mar. 2, 2011 in Denton, Texas for the purpose of Child Guidance observation.  
date name of city/state

with the following teachers/sponsor(s) in charge Mrs. Kegans and Ms. Hamilton.

Departure time and place: Estimated time of return: 9am to 12pm.

I understand the type of transportation used will be the bus.

I would like to come along on the field trip; I will contact the teacher in advance to make arrangements.

**I give permission for the teachers/sponsors to administer the following medications during the field trip**  
*(insect repellants and sunscreen must be provided by parents, we do not supply these for students))*

\_\_\_insect repellant \_\_\_sunscreen (manufacturer's guidelines will be used for application)

\_\_\_school medications (list below any medicine the school nurse already has at school to send with the teacher)

name of medicine \_\_\_\_\_ dose and time to be given \_\_\_\_\_ for \_\_\_\_\_  
(reason)

name of medicine \_\_\_\_\_ dose and time to be given \_\_\_\_\_ for \_\_\_\_\_  
(reason)

List any allergies to medicine, food, or insects: \_\_\_\_\_

If there is an emergency regarding my child, I will be able to be contacted at the following numbers during the time of the field trip: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

If I am NOT able to be contacted, I give permission for \_\_\_\_\_ to be  
(name and relationship)

contacted at (list all numbers) \_\_\_\_\_

**\*In the event of a health emergency, I understand an ambulance may be called at my expense, if I am not able to be contacted. I give permission to seek emergency care/treatment for my child to the field trip teachers/sponsors, and have indicated on the back of this form if there are any added qualifications or further clarifications to this permission for health care.**

Parent/guardian signature: \_\_\_\_\_ Date of signature \_\_\_\_\_