

# PARENT/GUARDIAN FIELD TRIP PERMISSION SLIP

Teacher \_\_\_\_\_

Must be returned to school by \_\_\_\_\_

By signing below, you are stating you are the legal guardian and are giving your permission for

\_\_\_\_\_ to go on a field trip to \_\_\_\_\_ on

the following date \_\_\_\_\_, and travel by bus transportation, or other school transportation which

will be furnished by the Warren County Board of Education unless other stated.

*As this student's legal guardian, you must answer YES or NO to the following questions. Please circle your answer. In order to make proper arrangements for medical needs, this form must be submitted to the school two weeks prior to the event.*

Does your child have?

Epilepsy/seizures..... YES NO

An allergic condition requiring the use of an Epi-pen..... YES NO

Asthma that requires the use of an inhaler..... YES NO

Diabetes or glucagon for treatment of hypoglycemia..... YES NO

I you answered "YES" to any of the above questions, please provide a detailed explanation of your child's medical treatment.

\_\_\_\_\_  
\_\_\_\_\_

Required medications to be dispensed on field trip: \_\_\_\_\_

Allergies: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## MEDICAL RELEASE FORM

In the event of an emergency during this event, I give permission for \_\_\_\_\_ to be treated at a hospital/clinic/doctor's office.

Child's Physician \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Emergency phone #1 \_\_\_\_\_ Name \_\_\_\_\_

Emergency phone #1 \_\_\_\_\_ Name \_\_\_\_\_

Please add any additional information to the back of this form