

**ELIZABETHTOWN AREA SCHOOL DISTRICT  
STUDENT PERMISSION FOR FIELD TRIP**

STUDENT'S NAME: \_\_\_\_\_

On \_\_\_\_\_ the \_\_\_\_\_ will travel to  
(Group)

\_\_\_\_\_. We will be out of the District from \_\_\_\_\_ to  
(Place) (Time)

\_\_\_\_\_. Transportation to the location will be by \_\_\_\_\_  
(Time) (Walking/bus/car)

Phone #s where parent/guardian can be reached on trip date: \_\_\_\_\_

Additional contact in the event that parent/guardian cannot be reached: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

**I give my consent for my child \_\_\_\_\_ to participate in the field trip**  
(Print Name)

**described above. In the event that I cannot be contacted, I give my permission for my student to have emergency medical treatment.**

(Date) \_\_\_\_\_  
Parent/Guardian Name (Print) (Signature) (Date)

Please complete the following medical/emergency information for your child:

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

My child has the following Health Needs/Current Medical Problems:

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

List equipment needs: \_\_\_\_\_

Please have chaperones assist my child in the administration of the following medication during the field trip.

Name of medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

If there are special medical considerations for your child, would you be willing to chaperone for this trip?  
yes \_\_\_\_\_ no \_\_\_\_\_ (If yes, wait to hear from the teacher before making your arrangements.)

If yes, \_\_\_\_\_  
Parent/Guardian Name/s Phone Number