

FIELD TRIP PERMISSION SLIP

I give permission for my child, _____,
(student name)

to accompany the _____ class on a field trip to

ROBINSON PRODUCE FARMS, LLC on _____.
(date)

In the event of a serious injury/illness, I give permission to school authorities to (1) take whatever action is deemed necessary for the health of my child, (2) have my child taken to and treated by the nearest hospital or health care provider and (3) provide any health-related records or information necessary for the health of my child. I also acknowledge that health information about my child may be disclosed to chaperones who are not employees of the School District and that such disclosure is authorized by me. Finally, I acknowledge that the School District cannot ensure that a school nurse will be present on this field trip and I nevertheless give permission for my child to attend the field trip.

Below please list the names of parent/guardian and/or persons to be contacted in the event of an emergency and the telephone or pager numbers where they can be reached on the above date!

FIRST CONTACT: _____ Work: _____
(parent/guardian)

Home: _____ Cell _____

Second Contact: _____ Phone _____

Third Contact: _____ Phone _____

Family Physician: _____ Phone _____

Family Dentist: _____ Phone _____

1. Does your child have a serious health concern? Yes No
If yes, please explain: _____

2. Is your child allergic to any food and/or medication? Yes No
If yes, please list and explain the type of reaction: _____

3. Is your child currently on any medication? Yes No
If yes, please identify the medication and explain what it is given for: _____

4. Is it necessary for your child to take this medication on the trip? Yes No
If yes, the School Nurse will determine the need for a nurse to accompany the student on the trip, if available.

Signature: _____ Date: _____