

Adna School District No. 226
Field Trip Permission Form - Day Trip

_____, has permission to participate in a field trip to
(Student's First and Last Name)

_____. The trip will take place on _____ and the students
(Trip Destination) (Date)
will be gone from school from _____ to _____.

Transportation:

Bus/District Vehicle Staff Vehicle *Private Vehicle
*(Please fill out back of form - Consent to Drive or Ride in Private Transportation Form)

Medical Information:

List any special health problems that should be noted and adequate precautions taken.
(Any reactions to bee stings, other severe allergies, diabetes, heart disease, etc.)

The following medications prescriptions or special diets are needed: _____

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorized the school personnel responsible for this trip to approve medical emergency care.

Name of Preferred Doctor: _____ Phone # _____

In the event it becomes necessary for the district staff in charge to obtain emergency care for your student, neither the staff member nor the School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

Parent/Guardian: _____ Hm. Phone: _____

Address: _____ Wrk Phone: _____

Emergency Contact: _____ Em. Phone: _____

Name of Insurance Carrier: _____ Policy # _____

Further, I agree to indemnify and hold harmless the Adna School District, its employees and officials from all claims, accidents and/or injury connected with this activity.

Parent/Guardian Signature Date

I pledge that my conduct will be appropriate. I understand all school rules of conduct apply on the trip.

Student Signature: _____ Date: _____