

**CADDO PARISH SCHOOL BOARD
FIELD TRIP PERMISSION FORM**

TO: Parents/Guardians

FROM:

SPONSOR:

SUBJECT: SCHOOL SPONSORED TRIP

I agree to allow my son/daughter, _____, to participate in the school sponsored trip listed below.

Destination and purpose of trip: _____

Leaving Date _____ Time _____

I understand that the group will travel by _____

The privilege to go on this trip carries with it the obligation for a student to conduct themselves in such a way that credit will be reflected upon the student, the school, and the home, which is represented. The correct dress and behavior for this particular trip will be observed.

Participation in this field trip or activity is not required and is purely voluntary on the part of each student and his or her parent or guardian. It is understood and agreed that neither the Caddo Parish School Board nor any of its officers, agents or employees nor any sponsor of this trip or activity will be held liable for any accident, injury, illness, or damage that might occur to any student while on such trip or while participating in such activity. The undersigned student and his or her parent or guardian does hereby expressly release the Caddo Parish School Board, its officers, agents and employees and all sponsors of such trip or activity from any and all liability of every kind, nature or description for any accident, injury, illness or damage which may be sustained by such student while on such trip or while participating in such activity.

The undersigned parent or guardian shall be solely responsible for obtaining any insurance coverage desired. **Please indicate below if your child has any illness, special medication, or allergic reaction to any medication.**

If you elect for your child to NOT go on the Field Trip, you may check them out during the time of the field trip, thus please initial this box if you are going to elect to check your child out:

Please sign and return to the sponsor:

Parent or Guardian

Date

Address

Phone Number (Home)

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency occurring while my son/daughter is on a school sponsored trip, I hereby grant permission to provide emergency medical care and authorize any emergency medical service provider, physician, hospital or other healthcare provider to provide such care to my child. I hereby authorize the school and/or its employees to give consent for my son/daughter, _____, to receive medical treatment.

Home Phone () _____ _____
Parent's/Guardian Signature

Business Phone () _____ _____
Date

Address _____

Person to be notified other than parent or guardian in an emergency:

Emergency Person _____ Phone () _____

Family Doctor _____ Phone () _____

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? (Please state)

Signed _____ **Date** _____
(Parent/Guardian)

Medical Information

	Yes	No	
Heart Condition or Disease	_____	_____	Date of last Tetanus Shot:
Diabetes	_____	_____	_____
Asthma	_____	_____	
Convulsive Disorder	_____	_____	Does child wear contact lenses?
Allergic to Insect Stings	_____	_____	Choose: YES NO
Allergic to Any Medication	_____	_____	

If yes, please state _____

Additional medical information that may be helpful. (Please state) _____

If student is receiving medication, please list name of medication, dosage, and time to be taken:

Insurance Company _____ Policy Number _____