

FIELD TRIP CONSENT FORM

Maple Grove Charter School

Dear Parents:

Your child will be participating in a field trip to _____

The group will leave school at _____ on _____
(time) (date)

and we will return to school at or about _____.
(time)

Please sign and return form by: _____
(date)

Please complete all of the following information!

Student's Name: _____

Does your child have any health concerns or allergies we should be aware of? Yes No (circle one)

If yes, please explain: _____

Does the School District have permission to administer Tylenol, Tums, and Benadryl to your child as directed on the label? Yes No (circle one) Parent/Guardian Initials: _____

Does your child receive any additional medication that would need to be administered by school personnel during the scheduled trip?* Yes No (circle one)

**If yes, the school health office will follow up with you to ensure the appropriate consent is on file.*

Emergency Contact Numbers: Please list the phone numbers where you can be reached during the scheduled time of the field trip:

1. Name _____	Phone number _____
2. Name _____	Phone number _____
Physician _____	Phone number _____

LUNCH-Please choose an option

Will your child need:

- ☐ N/A
- ☐ a **SCHOOL PROVIDED** cold lunch
- ☐ Will bring their own lunch

If case of an accident or serious illness, and the school personnel are unable to reach me, I hereby authorize the school to make whatever arrangements are necessary. Please indicate your knowledge and approval of this trip by signing your name and returning this information to the appropriate school staff.

Parent Guardian Signature _____ Date _____

Please complete this form and return it to the school so that your child may participate in this activity. Participation requires that this form be completed and returned to school at least one day prior to the trip.