

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: _____

School: _____ Class/Activity/Team: _____

Times		Cost	Transportation
Departure Date: _____		Student Fee: \$ _____	District Bus/Van ☐
Time: _____ AM/PM		Adult Fee: \$ _____	Charter Bus ☐
Return Date: _____		Due Date: _____	Other ☐ _____
Time _____ AM/PM			
Meals	At school prior to departure ☐ Student Packed ☐ School Cafeteria Packed ☐		
	Student Purchase Restaurant ☐	Name & Location: _____	
	(Name and location of each stop)	Name & Location: _____	
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Teacher/Sponsor/Coach Signature _____

Principal Signature _____

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

☐ If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED
ON THIS TRIP REQUIRE A
BOONE COUNTY
ADMINISTRATION OF
MEDICATION FORM TO BE
ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)